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La revista *JAMA Cardiology* ha publicado un artículo sobre la infección COVID-19 y el sistema renina angiotensina que revisa la relación existente entre ambos y las recomendaciones actuales en función del conocimiento disponible.

Las comorbilidades preexistentes asociadas a alta mortalidad, de acuerdo al estudio más amplio realizado en China, con 44.672 casos confirmados, son: enfermedad cardiovascular (10,5%), diabetes (7,3%) e hipertensión (6,0%). Estos pacientes están entre los habitualmente tratados con medicamentos bloqueantes del sistema renina angiotensina, como los antihipertensivos IECA y ARAII.

El virus SARS-CoV-2 entra en las células a través de los receptores tipo 2 de la enzima convertidora de angiotensina 2 (ACE2), principalmente expresados por las células epiteliales, del pulmón, intestino, riñón, corazón y vasos sanguíneos. Algunos estudios en animales y en humanos han mostrado una mayor expresión de los receptores ACE2 en los tratados con fármacos IECA y ARAII, lo que se ha interpretado que podría facilitar la infección COVID-19. Por el contario, algunos estudios realizados en pacientes COVID-19 con neumonía han llevado a otros autores a postular un efecto protector en los tratados con IECA o ARAII. También existe alguna evidencia de que estos fármacos pueden tener algún beneficio en pacientes con lesión pulmonar aguda o síndrome de distrés respiratorio agudo. Por otra parte, se están desarrollando ensayos clínicos que junto a los datos epidemiológicos que se van produciendo deberían permitir aclarar si existe una relación beneficiosa o no de estos fármacos con COVID-19, pero aún no se ha establecido.

El artículo incluye una tabla con las recomendaciones de uso de los fármacos IECA y ARAII en pacientes con COVID-19, que se reproduce al final, que muestra que las principales sociedades cardiovasculares europeas y americanas recomiendan continuar el tratamiento con estos fármacos, cuando están indicados, en pacientes con COVID-19.

En relación con el tema se puede consultar el destacado sobre antihipertensivos y COVID-19.

Table. Recommendations on the Use of Angiotensin-Converting Enzyme Inhibitors (ACEIs) and Angiotensin Receptor Blockers (ARBs) in Patients With Coronavirus Disease 2019 (COVID-19)

Professional society; source	Date of release	Key statements
HFSA, ACC, and AHA; https://www.acc.org/latest-in-cardiology/articles/2020/03/17/08/59/hfsa-acc-aha-statement-addresses-concerns-re-using-raas-antagonists-in-covid-19	March 17, 2020	"The HFSA, ACC, and AHA recommend continuation of RAAS antagonists for those patients who are currently prescribed such agents for indications for which these agents are known to be beneficial, such as heart failure, hypertension, or ischemic heart disease. In the event patients with cardiovascular disease are diagnosed with COVID-19, individualized treatment decisions should be made according to each patient's hemodynamic status and clinical presentation. Therefore, be advised not to add or remove any RAAS-related treatments, beyond actions based on standard clinical practice."
ESC Council on Hypertension; https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang	March 13, 2020	"The Council on Hypertension strongly recommend that physicians and patients should continue treatment with their usual anti-hypertensive therapy because there is no clinical or scientific evidence to suggest that treatment with ACEi or ARBs should be discontinued because of the Covid-19 infection."
ESH; https://www.eshonline.org/spotlights/esh-statement-on-covid-19/	March 12, 2020	• "In stable patients with COVID-19 infections or at risk for COVID-19 infections, treatment with ACEIs and ARBs should be executed according to the recommendations in the 2018 ESC/ESH guidelines." • "The currently available data on COVID-19 infections do not a support a differential use of RAS blockers (ACEI or ARBs) in COVID-19 patients."
Hypertension Canada; https://hypertension.ca/wp-content/uploads/2020/03/2020-30-15-Hypertension-Canada-Statement-on-COVID-19-ACEi-ARB.pdf	March 13, 2020	• "However, there is no evidence that patients with hypertension or those treated with ARB or ACE inhibitor antihypertensive therapy are at higher risk of adverse outcomes from COVID-19 infection." • "We endorse patients with hypertension to continue with their current blood pressure treatment."
The Canadian Cardiovascular Society and the Canadian Heart Failure Society; https://www.ccs.ca/images/Images_2020/CCS_CHFS_statement_regarding_COVID_EN.pdf	March 15, 2020	"The Canadian Cardiovascular Society and the Canadian Heart Failure Society strongly discourage the discontinuation of guideline directed medical therapy (GDMT) involving Angiotensin Converting Enzyme Inhibitors (ACEi), Angiotensin Receptor Blockers (ARB) or Angiotensin Receptor Neprilysin Inhibitors (ARNi) in hypertensive or heart failure patients as a result of the COVID-19 pandemic."
International Society of Hypertension; https://ish-world.com/news/a/A-statement-from-the-International-Society-of-Hypertension-on-COVID-19/	March 16, 2020	"[T]here is no good evidence to change the use of ACE-inhibitors or ARBs for the management of raised blood pressure in the context of avoiding or treating COVID-19 infection."
BCS and BSH; https://www.britishcardiovascularsociety.org/news/ACEi-or-ARB-and-COVID-19	March 19, 2020	"[T]he BCS and the BSH...share the view of the European Society of Hypertension and the Renal Association that patients should continue treatment with ACEi and ARB unless specifically advised to stop by their medical team."

Abbreviations: ACC, American College of Cardiology; AHA, American Heart Association; BCS, British Cardiovascular Society; BSH, British Society for Heart Failure; ESC, European Society of Cardiology; ESH, European Society of Hypertension; HFSA, Heart Failure Society of America; RAAS, renin angiotensin aldosterone system.