This article discusses the results of the published randomised studies into the effect of corticosteroids in hospitalised patients with COVID-19. The RECOVERY study found a reduction of mortality among patients using dexamethasone, especially patients receiving oxygen therapy. In response to this result, other studies of corticosteroids have been prematurely terminated. The use of dexamethasone or comparable corticosteroids is now recommended worldwide. In addition, results of a recent study suggest that inhaled corticosteroids reduce the number of visits to the emergency department and the number of hospitalisations, and that they shorten the time to clinical recovery.

**Ge-Bu Indication**

- Treatment with 6 mg dexamethasone a day for a maximum of 10 days reduces the mortality up to day 28 in patients with COVID-19 who receive oxygen therapy; the ‘number needed to treat’ is 21.
- Although treatment with dexamethasone appears to be a good option for the abovementioned patients, some questions remain about the use of dexamethasone, such as the potentially negative effect on viral clearance, the optimum timing for starting and ending the treatment, and the incidence of adverse effects and interactions.
- The effect of inhaled corticosteroids in the early stage of SARS-CoV-2 infection among non-hospitalised patients has not been sufficiently investigated, but the first results are promising.

**Literature references**

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