



Supporting Information

Supplementary tables

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Holt NR, Neumann JT, McNeil JJ, Cheng AC. Implications of COVID-19 for an ageing population. *Med J Aust* 2020; doi: 10.5694/mja2.50785.

Appendix

Box 1: Clinical resources for care of older people during COVID-19*

Australian resources

- Australian Government Department of Health: COVID-19 resources: <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>
- Australian and New Zealand Society for Geriatric Medicine: COVID-19 resources: <https://anzsgm.org/resources/covid-19/>
- National COVID-19 Clinical Evidence Taskforce: <https://covid19evidence.net.au/>

International resources

- World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- American Geriatrics Society: COVID-19 information hub: <https://www.americangeriatrics.org/covid19>
- British Geriatrics Society: Resource series — coronavirus and older people: <https://www.bgs.org.uk/resources/resource-series/coronavirus-and-older-people>
- European Geriatric Medicine Society: Task Force on COVID-19: <https://www.eugms.org/news/read/article/490.html>
- Centers for Disease Control and Prevention: Long-term care facilities, nursing homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

* Websites reviewed July 2020.

Box 2: Summary of recommendations for the use of ACE inhibitors and ARBs in patients with COVID-19

Professional organisation	Release date	Position statement
CSANZ, NHF, HBPRCA, ANZSCTS https://www.mja.com.au/journal/2020/cardiovascular-disease-and-covid-19-australian-new-zealand-consensus-statement	3 April 2020	“Given the well-established beneficial effects of ACEI/ARB in patients with hypertension, heart failure and CVD, it is the strong recommendation of the authors and numerous national and international societies that these medications should be continued as indicated.”
HFSA, ACC, and AHA https://www.acc.org/latest-in-cardiology/articles/2020/03/17/08/59/hfsa-acc-ahastatement-addresses-concerns-reusing-raas-antagonists-in-covid-19	17 March 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	13 March 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 infections.”
ESH https://www.eshonline.org/spotlights/esh-statement-on-covid-19/	12 March 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 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	13 March 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	15 March 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 16 March 2020
<https://ish-world.com/news/a/A-statement-from-theInternational-Society-ofHypertension-on-COVID-19/>

“[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 19 March 2020
<https://www.britishcardiovascularsociety.org/news/ACEi-or-ARB-and-COVID-19>

“[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; ANZSCTS, Australian and New Zealand Society of Cardiac and Thoracic Surgeons; BCS, British Cardiovascular Society; BSH, British Society for Heart Failure; CSANZ, Cardiac Society of Australian and New Zealand; ESC, European Society of Cardiology; ESH, European Society of Hypertension; HBPRCA, High Blood Pressure Research Council of Australia; HFSA, Heart Failure Society of America; NHF, National Heart Foundation; RAAS, renin angiotensin aldosterone system.