

AFP Clinical Answers

Nausea in Pregnancy, Knee Osteoarthritis, Hormone Therapy, Shingles

Welcome to AFP's newest feature. The goal of this department is to share key clinical questions and their evidence-based answers directly from the journal's content. Our hope is that readers will find these answers useful for patient care and serve as a reminder of the topics we've covered. As I mentioned in my first editorial as editor-in-chief, I use *AFP* daily when seeing patients (<https://www.aafp.org/afp/2018/0201/p155.html>). My reasons are that I'd prefer to use clinical information written by and for family physicians, and I don't believe in reinventing the wheel. Meaning that if I've read a good article already, I'd like to use that information again, akin to when I used to write notes in my family practice handbook. Thanks to the hard work of our authors, editors, and reviewers, *AFP* has a loyal following of readers who likely value the content the way I do. I'm on a mission to find ways to make this content practical and available for all aspects of patient care. If you have clinical questions, favorite articles, or tips on finding answers in *AFP*, please share them with us at afpedit@aafp.org.

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AFP Editor-in-Chief

What treatments are recommended for nausea and vomiting in pregnancy?

Treatment of nausea and vomiting in pregnancy should begin with lifestyle modifications, such as eating frequent small meals throughout the day to keep the stomach from becoming too empty or full, and avoiding foods that further slow gastric emptying (high-protein or fatty foods) or have intense smells or tastes. Other treatments, including P6 acupressure, vitamin B₆ (pyridoxine), doxylamine, and prescription antiemetics, can be added as needed.

<https://www.aafp.org/afp/2018/1101/p595.html>

What is the clinical effectiveness of various therapies for knee osteoarthritis?

For short-term (four to 12 weeks) pain relief and/or functional improvement, beneficial interventions include transcutaneous electrical nerve stimulation (TENS), tai chi, and home-based exercise and self-management programs (strength, agility, and pain-coping skills). Platelet-rich plasma injections and home-based and self-management

programs reduce pain in the medium term (12 to 26 weeks). Glucosamine and chondroitin supplements have medium-term but not long-term benefits. Shoe inserts are ineffective. For long-term (more than 26 weeks) outcomes, beneficial interventions include weight loss, agility training, combined exercise programs, and manual therapy (i.e., massage, self-massage, and acupressure).

<https://www.aafp.org/afp/2018/1101/p603.html>

Is hormone therapy effective for primary prevention of cardiovascular disease in postmenopausal women?

A 2015 Cochrane review found no benefits for primary prevention of heart attack, angina, revascularization, or death from any cause. However, there were increases in the risk of stroke (number needed to harm [NNH] = 165), blood clot in a leg or lung (NNH = 118), and blood clot in a lung (NNH = 242) in patients receiving hormone therapy for at least six months.

<https://www.aafp.org/afp/2018/1001/od1.html>

What is the effectiveness of recombinant zoster vaccine compared with the live vaccine for the prevention of shingles?

Recombinant zoster vaccine (Shingrix) will prevent shingles in 96% of persons 50 to 59 years of age, 97% of persons 60 to 69 years of age, and 91% of persons 70 years and older for at least three years (number needed to treat = 33). It is 91% effective at preventing postherpetic neuralgia in patients 50 to 69 years of age and 89% effective in those 70 years and older. In comparison, zoster vaccine live (Zostavax) is only 51% effective in preventing shingles and 67% effective in preventing postherpetic neuralgia.

<https://www.aafp.org/afp/2018/1015/p539.html>

Tip for Using AFP at the Point of Care

Looking for an algorithm? Go to the algorithm collection at <https://www.aafp.org/afp/algorithms>. You can search by keyword or sort by discipline or topic.