When should colonoscopy be performed in the colorectal cancer survivor?

Colonoscopy should be performed one year and three years after initial treatment for colorectal cancer, then every five years until there is no longer a benefit to the patient.  


What is the optimal duration of bisphosphonate therapy for the treatment of osteoporosis in postmenopausal women?

Oral bisphosphonates significantly reduce clinical fracture risk at four years in women with postmenopausal osteoporosis (T-score less than −2.5). Treatment beyond five years is associated with further reductions in fractures in women with persistent femoral neck T-scores less than −2.5. Treatment beyond five years in other women with osteopenia or osteoporosis does not result in further decreases in rates of clinical vertebral fractures, nonvertebral fractures, or mortality.  


What therapies can be used for knee osteoarthritis (OA)?

Exercise, physical therapy, knee taping, and tai chi are beneficial. Medical therapy for OA should begin with full-strength acetaminophen and topical therapy, then proceed to nonsteroidal anti-inflammatory drugs and selectively to tramadol and other opioids. Corticosteroid injections may be helpful in the short term, but evidence is mixed. Ineffective treatments for OA include vitamin D and antioxidant supplements, shoes specifically designed for persons with OA, lateral wedge insoles for medial knee OA, physical therapy for hip OA, ionized wrist bracelets, and hyaluronic acid injections.  


How should suspected dementia be evaluated?

In patients with suspected dementia, the Mini-Cog, the General Practitioner Assessment of Cognition, or the Ascertain Dementia 8-Item Informant Questionnaire should be used to determine the need for further evaluation. The standard laboratory evaluation for patients with cognitive impairment includes testing for anemia, hypothyroidism, vitamin B12 deficiency, diabetes mellitus, and liver and kidney disease. Magnetic resonance imaging without contrast media is the preferred imaging test to exclude other intracranial abnormalities, such as stroke, subdural hematoma, normal-pressure hydrocephalus, or a treatable mass.  


Does unrestricted pacifier use in healthy, full-term, exclusively breastfed infants decrease the duration of breastfeeding?

In healthy, full-term, breastfeeding infants, there is moderate evidence that unrestricted pacifier use, started at birth or after lactation has been established, does not decrease the likelihood of continued exclusive or partial breastfeeding through four months of age. Further research could influence confidence about the effect of pacifier use and help inform decisions for infants beyond four months of age.  


Tip for Using AFP at the Point of Care

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