Asthma, PAD and Cardiovascular Disease, Persons Who Inject Drugs, Crohn’s Disease, Insulin Analogs

**Is adding a long-acting beta-agonist to an inhaled corticosteroid safe for patients with persistent asthma?**

Adding a long-acting beta-agonist to an inhaled corticosteroid is safe but does not reduce the likelihood of a serious exacerbation requiring hospitalization. There is a small reduction in nonsevere asthma exacerbations, with one fewer exacerbation for every 53 patients treated for six months.


**Should asymptomatic adults be screened for PAD and cardiovascular disease with the ankle-brachial index?**

The U.S. Preventive Services Task Force (USPSTF) found inadequate evidence that screening for and treatment of peripheral artery disease (PAD) in asymptomatic patients leads to clinically important benefits in preventing the progression of PAD or preventing cardiovascular events. The USPSTF also found inadequate evidence on the accuracy of using the ankle-brachial index as a screening test in asymptomatic patients.

https://www.aafp.org/afp/2018/1215/p754.html

**What infectious disease screenings and vaccinations are recommended for persons who inject drugs?**

All persons who inject drugs should be screened for hepatitis B and C, HIV, and latent tuberculosis. All persons who inject drugs should receive hepatitis A and B vaccinations if there is no evidence of immunity from vaccine titers and should be up to date on tetanus vaccinations. Although persons who inject drugs have an estimated 10-fold greater risk of community-acquired pneumonia, the Centers for Disease Control and Prevention does not consider active injection drug use alone as an indication for early pneumonia vaccine. However, a one-time 23-valent pneumococcal polysaccharide vaccine (Pneumovax-23) is indicated between 19 and 64 years of age in those with certain concurrent conditions, such as heavy alcohol use, cigarette smoking, or lung or liver disease.


**In patients with vague gastrointestinal symptoms which test can help rule out Crohn’s disease?**

Fecal calprotectin is a useful test for ruling out Crohn’s disease in adults with an uncertain diagnosis (sensitivity of 83% to 100%; specificity of 60% to 100%).


**Do long-acting insulin analogs reduce the risk of clinically significant hypoglycemia compared with NPH insulin?**

Compared with expensive long-acting insulin analogs costing two to 10 times as much, neutral protamine Hagedorn (NPH) insulin results in a similar number of episodes of severe hypoglycemia (if not fewer) that lead to emergency department visits and hospitalizations. NPH insulin also improves glycemic control and quality of life as well as, if not better than, insulin analogs.


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**A collection of AFP Clinical Answers published in AFP** is available at https://www.aafp.org/afp/answers.