

Gastroenteritis, Borderline Personality Disorder, Nonalcoholic Steatohepatitis, COPD

What is an effective treatment for mild dehydration in children with gastroenteritis?

The specific electrolyte composition of oral rehydration solution is not important for mild dehydration. Half-strength apple juice followed by preferred fluids (regular juices, milk) is an option for mild dehydration, because a study found this approach reduced the need for eventual intravenous rehydration compared with a formal oral rehydration solution.

<https://www.aafp.org/afp/2019/0201/p159.html>

Are any medications effective in the treatment of borderline personality disorder?

There is no pharmacotherapy regimen that improves the overall symptoms of borderline personality disorder. When used for six months or less, antipsychotics can improve paranoia, dissociation, mood lability, anger, and global functioning. When used for six months or less, aripiprazole (Abilify), olanzapine (Zyprexa), lamotrigine (Lamictal), topiramate (Topamax), omega-3 fatty acids, and valproate (Depacon) can decrease anger, anxiety, depression, and impulsivity.

<https://www.aafp.org/afp/2019/0301/od2.html>

How effective is metformin in the treatment of NAFLD and nonalcoholic steatohepatitis?

Metformin does not seem to be an effective treatment for nonalcoholic steatohepatitis. There are no studies evaluating whether metformin improves long-term patient-oriented outcomes such as progression from nonalcoholic fatty liver disease (NAFLD) to nonalcoholic steatohepatitis, cirrhosis, hepatocellular carcinoma, or death from liver failure. Metformin does not improve

anatomic outcomes (histologic or ultrasound features of the liver) or biochemical outcomes (alanine transaminase and aspartate transaminase levels, or insulin resistance) in adults. Metformin does not improve liver histologic or biochemical outcomes or body mass index in adults with nonalcoholic steatohepatitis or in children and adolescents with NAFLD.

<https://www.aafp.org/afp/2019/0215/p262.html>

Are shorter courses of systemic corticosteroid therapy as safe and effective as longer courses for patients with exacerbations of COPD?

Based on a Cochrane review, treatment of acute exacerbations of chronic obstructive pulmonary disease (COPD) with a shorter course of systemic corticosteroids (seven or fewer days) is likely to be as effective and safe as treating with longer courses (more than seven days). There is no significant difference in adverse effects between shorter and longer courses. Current guidelines from the Global Initiative for Chronic Obstructive Lung Disease recommend treating acute exacerbations of COPD with oral prednisone, 40 mg per day for five days in most patients.

<https://www.aafp.org/afp/2019/0301/p295.html>

Tip for Using AFP at the Point of Care

Looking for more information about COPD or gastroenteritis? Check out the collections of content about COPD, gastroenteritis in children, and related issues in *AFP* By Topic at <https://www.aafp.org/afp/COPD> and <https://www.aafp.org/afp/gi-children>. You will find 70 topic collections (e.g., asthma, health maintenance and counseling, influenza) at <https://www.aafp.org/afp/topics>.

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