

AFP Clinical Answers

Cervical Cancer, Febrile Seizures, HIV Infection, Dyspepsia

When should you stop screening for cervical cancer?

Evidence from randomized clinical trials and decision modeling studies suggests that screening beyond 65 years of age in women with adequate screening history would not have significant benefit. The current guidelines by the American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology define adequate screening as three consecutive negative cytology results or two consecutive negative high-risk human papillomavirus results within 10 years before stopping screening, with the most recent test performed within five years. The U.S. Preventive Services Task Force recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

<https://www.aafp.org/afp/2019/0215/p253.html>
<https://www.aafp.org/afp/2019/0215/od1.html>

What are the risk factors for recurrent febrile seizures in children?

Risk factors for recurrence of febrile seizure are age younger than 18 months, fever duration of less than one hour before seizure onset, first-degree relative with a history of febrile seizures, and a temperature of less than 104°F (40°C).

<https://www.aafp.org/afp/2019/0401/p445.html>

What recommendations for initiating ART for HIV infection are supported by randomized controlled trials?

Unless a person has expressed interest in not initiating treatment, physicians should prescribe antiretroviral therapy (ART) immediately after HIV infection is diagnosed, including addressing treatment barriers to allow for ART initiation at the first office visit as appropriate. Most persons with opportunistic infections should receive ART

within two weeks of diagnosis. Before starting treatment in any patient, HIV-1 RNA measurement; CD4 cell count; HIV genotyping for nucleoside reverse transcriptase inhibitors (NRTIs), non-NRTIs, and protease inhibitors; laboratory testing to identify active viral hepatitis; and blood chemistry testing should be performed; treatment may be initiated while awaiting results. If planning to prescribe abacavir (Ziagen), testing for *HLA-B*5701* allele also should be performed and results obtained. If a patient has a CD4 count lower than 200 cells per μ L (0.20×10^9 per L), he or she should receive prophylaxis for *Pneumocystis* pneumonia. Pregnant women with HIV infection should start ART for their own benefit, as well as to reduce the risk of transmission to the fetus.

<https://www.aafp.org/afp/2019/0315/p395.html>

What noninvasive interventions improve functional dyspepsia symptoms?

Helicobacter pylori eradication results in functional dyspepsia symptom resolution in some patients. A test-and-treat strategy (urea breath testing for *H. pylori* and treatment of confirmed infection) is recommended rather than expensive and invasive tests, such as endoscopy. Empiric proton pump inhibitor therapy reduces functional dyspepsia symptoms in some patients, even when acid reflux cannot be demonstrated. A trial of empiric proton pump inhibitor therapy is recommended for patients who are *H. pylori* negative or for those who remain symptomatic after *H. pylori* eradication.

<https://www.aafp.org/afp/2019/0301/p301.html>

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