

# AFP Clinical Answers

## Breast Problems, Pelvic Pain, Allergic Rhinitis, Polypharmacy, Peripheral Artery Disease

### **When is ultrasonography the preferred imaging test to evaluate a breast problem?**

Ultrasonography is the preferred imaging modality in women younger than 30 years with a palpable breast mass. It is also the preferred imaging modality in women younger than 30 years with noncyclic, focal mastalgia and no palpable mass.

<https://www.aafp.org/afp/2019/0415/p505.html>

### **Which nonpharmacologic therapies are effective for men with long-standing pelvic pain and lower urinary tract symptoms?**

In men with chronic pelvic pain and urinary dysfunction (chronic prostatitis/chronic pelvic pain syndrome) who have not responded to standard medical management, perineal extracorporeal shock wave therapy reduces symptoms and increases quality of life. Acupuncture may also provide benefit to some patients. Circumcision, transrectal thermotherapy, and physical activity demonstrated a statistically but not clinically significant reduction in symptoms.

<https://www.aafp.org/afp/2019/0601/p677.html>

### **Is nasal saline irrigation an effective treatment for allergic rhinitis?**

Nasal saline irrigation reduces the severity of allergy symptoms for up to eight weeks vs. no treatment. It is uncertain if adding nasal saline to pharmacologic treatment further improves symptoms over pharmacologic treatment alone. It is also unclear whether there is any difference in symptom outcomes when comparing the use of nasal saline and intranasal corticosteroids. Nasal saline is well tolerated.

<https://www.aafp.org/afp/2019/0501/p544.html>

### **What are some tips to help with polypharmacy and deprescribing?**

Before starting any new medications, consider underlying causes to treat first, necessity of treatment, alternative nonpharmacologic treatments, and benefits vs. risks of treatment. When starting any new medication, consider it a trial rather than a permanent addition. When refilling medications, consider the benefits vs. risks of continuation in the short and long term. Once a medication reconciliation and deprescribing plan has been put into place, it should be considered at each visit as time allows and comprehensively reviewed at health maintenance visits.

<https://www.aafp.org/afp/2019/0701/p32.html>

### **Which patients should receive ankle-brachial index (ABI) testing for lower extremity peripheral artery disease?**

Resting ABI testing should be performed for patients with history or examination findings suggestive of peripheral artery disease. Exercise ABI testing should be considered for those with a normal resting ABI despite symptoms of exertional claudication. ABI screening should not be performed in asymptomatic patients who are not at increased risk of peripheral artery disease.

<https://www.aafp.org/afp/2019/0315/p362.html>

#### **Tip for Using AFP at the Point of Care**

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