

AFP Clinical Answers

Frostbite, Antiplatelet Therapy, Stuttering, Asthma, Cardioversion

When should you avoid rewarming frostbitten extremities?

Rewarming frostbitten tissue should be avoided if there is a risk of refreezing.

<https://www.aafp.org/afp/2019/1201/p680.html>

Do patients with established cardiovascular disease benefit from dual antiplatelet therapy?

Patients with established cardiovascular disease or risk factors (e.g., ischemic cerebrovascular disease, peripheral arterial disease, high risk of atherothrombotic disease) should receive dual antiplatelet therapy with aspirin plus clopidogrel, which confers additional benefit over aspirin alone. Dual antiplatelet therapy decreases the risk of myocardial infarction and ischemic stroke (number needed to treat [NNT] = 77 and 43, respectively) with no change in mortality. Dual antiplatelet therapy is more beneficial in patients with established cardiovascular disease compared with those who have only risk factors (NNT to reduce composite of myocardial infarction, stroke, and cardiovascular death = 100; NNT for all-cause mortality = 59). Dual antiplatelet therapy also increases the risks of major and minor bleeding (number needed to harm = 111 and 30, respectively).

<https://www.aafp.org/afp/2019/1015/p463.html>

How should children with stuttering be treated?

Families should be reassured that stuttering is primarily the result of brain abnormalities and is not the fault of the patient or family. Referral to a speech-language pathologist should be considered for any child who exhibits stutter-like disfluencies, especially if there are parental concerns or the stuttering has remained unchanged for 12 months or is worsening in severity or frequency. Therapy

for persistent stuttering should be individualized and focused on developing effective compensatory techniques and eliminating ineffective secondary behaviors. Patients with stuttering should be evaluated for secondary psychosocial effects and offered appropriate treatment.

<https://www.aafp.org/afp/2019/1101/p556.html>

Is as-needed use of an inhaled steroid/long-acting beta agonist as effective as a daily inhaled steroid with as-needed albuterol?

In 688 patients with mild asthma, as-needed use of a combined budesonide/formoterol (Symbicort) inhaler was as effective at preventing exacerbations as daily maintenance budesonide (Pulmicort) plus as-needed albuterol.

<https://www.aafp.org/afp/2019/1115/p646a.html>

Is early cardioversion beneficial in patients with recent-onset symptomatic atrial fibrillation?

In a study of 437 patients in the emergency department with recent-onset symptomatic atrial fibrillation, early cardioversion was no better than delayed cardioversion in achieving sinus rhythm within four weeks. The delayed approach resulted in more spontaneous conversions to sinus rhythm, avoiding cardioversion altogether, without increasing the rate of cardiovascular complications.

<https://www.aafp.org/afp/2019/1115/p648.html>

Tip for Using AFP at the Point of Care

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