

# AFP Clinical Answers

## Depression, HPV Immunizations, Coccidioidomycosis, Upper GI Bleeding, Headaches

### **Does a lack of early symptom improvement in patients treated for depression predict treatment failure?**

In patients with severe depression, judging treatment success after two weeks may not be helpful. In a large meta-analysis, an early response to treatment was a sign of long-term benefit, but a lack of early response did not predict treatment failure. Approximately one-third of patients who did not show an early response did show improvement by six weeks. No individual symptom response predicted eventual improvement.

<https://www.aafp.org/afp/2020/0215/p250.html>

### **Which patients should be immunized against human papillomavirus (HPV)?**

Catch-up HPV vaccination is recommended for all people through 26 years of age, with two or three doses depending on age at initial vaccination. Shared clinical decision-making regarding vaccination for people 27 to 45 years of age is recommended.

<https://www.aafp.org/afp/2020/0215/p251.html>

### **How should primary pulmonary coccidioidomycosis (valley fever) be treated and monitored?**

Antifungal agents are not recommended for the treatment of uncomplicated primary pulmonary coccidioidomycosis unless risks for disseminated disease are present. When indicated, antifungals for the treatment of primary pulmonary coccidioidomycosis include oral fluconazole (Diflucan) or itraconazole (Sporanox) for non-pregnant, nonbreastfeeding adults; oral fluconazole for breastfeeding adults; oral fluconazole for children; and intravenous amphotericin B for pregnant adults. After a diagnosis of primary pulmonary coccidioidomycosis is confirmed, complement fixation titers should be monitored

and chest radiography performed every one to three months for at least one year, and any symptoms of dissemination evaluated, including fungal meningitis. Pregnant adults with a history of coccidioidomycosis should be monitored with complement fixation titers every six to 12 weeks.

<https://www.aafp.org/afp/2020/0215/p221.html>

### **When should patients with upper gastrointestinal bleeding receive urgent endoscopy?**

Perform urgent endoscopy (e.g., within 24 hours of presentation) after fluid resuscitation and stabilization in patients with upper gastrointestinal bleeding and hemodynamic instability. A repeat endoscopy is recommended in persons with rebleeding.

<https://www.aafp.org/afp/2020/0301/p294.html>

### **When is neuroimaging indicated in patients with frequent headaches?**

Neuroimaging is indicated in patients who have headaches with new features or neurologic deficits, trigeminal autonomic cephalalgias (e.g., cluster headache, paroxysmal hemicrania, hemicrania continua, short-lasting neuralgiform headache), or a suspected intracranial abnormality.

<https://www.aafp.org/afp/2020/0401/p419.html>

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