

AFP Clinical Answers

Prenatal Vitamins, Patellofemoral Pain Syndrome, Alcohol Misuse, Hernia, Anaphylaxis, Gout

What vitamins and supplements are recommended in pregnancy?

Prenatal vitamins for pregnant patients should contain folic acid, vitamin D, calcium, and iron. Pregnant patients should be counseled on the option to consume two or three servings per week of fish that contains low levels of mercury instead of routinely taking a fish oil supplement.

<https://www.aafp.org/afp/2020/1001/p420.html>

Which muscles should be targeted for strengthening when patellofemoral pain syndrome is present?

The American Physical Therapy Association recommends exercises that target muscles of the posterior hip and quadriceps for patellofemoral pain syndrome. Adding patellar taping and foot orthoses to exercise also improves short-term pain.

<https://www.aafp.org/afp/2020/1001/p442.html>

What are the first-line pharmacologic treatment options for alcohol use disorder?

Acamprosate and naltrexone should be used as first-line agents for the treatment of alcohol use disorder and are effective for reducing relapse rates. Agent selection should be based on comorbid conditions and adherence to the dosing regimen. Combining the two agents may provide additional benefit early in treatment.

<https://www.aafp.org/afp/2020/1001/od1.html>

What is the recommended first-line imaging modality for inguinal hernias not evident on clinical examination?

Ultrasonography is the first-line imaging modality to diagnose suspected groin hernias not

evident on clinical examination, with a sensitivity of 33% to 86% and specificity of 77% to 90%.

<https://www.aafp.org/afp/2020/1015/p487.html>

What are the first-line and adjunct pharmacologic therapies used for anaphylaxis?

Administer intramuscular epinephrine into the anterolateral thigh as the first-line treatment of anaphylaxis. Use histamine H₁ and H₂ antagonists and corticosteroids only as adjunct therapies after the administration of epinephrine. Use fluid resuscitation (1 to 2 L of 0.9% isotonic saline at a rate of 5 to 10 mL per kg for adults in the first five to 10 minutes; 10 mL per kg for children) in patients who are anaphylactic with hypotension that does not improve with epinephrine.

<https://www.aafp.org/afp/2020/0915/p355.html>

Which medications are recommended for treating acute gout?

Nonsteroidal anti-inflammatory drugs and corticosteroids are equally effective for the treatment of acute gout, with no significant difference in pain relief or adverse effects. Low-dose colchicine (1.2 mg orally followed by 0.6 mg one hour later) is as effective as high-dose colchicine (1.2 mg followed by 0.6 mg every hour for six hours) with fewer adverse effects.

<https://www.aafp.org/afp/2020/1101/p533.html>

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