

AFP Clinical Answers

Opioids, Vision Screening, Altered Mental Status, Hemochromatosis, Osteomyelitis, Renal Disease

What are the risks of tapering chronic opioids?

According to an observational study, patients with tapered opioid doses are more likely to present with drug overdose or withdrawal in the subsequent 12 months compared with patients maintained on their chronic opioid regimen (9.3 overdose events per 100 person-years compared with 5.5 events per 100 person-years). Patients with tapered opioid doses were also more likely to present with mental health crises (i.e., depression, anxiety, or suicide) than patients maintained on their chronic opioid regimen. As we await further research, tapering chronic opioid doses can still be a useful tool if we proceed slowly and engage in thoughtful patient-centered decision-making regarding its potential risks.

<https://afpjournal.blogspot.com/2021/08/what-are-risks-of-tapering-chronic.html>

Does community vision screening in patients 65 years and older reduce the prevalence of visual impairment?

The available evidence does not support screening adults 65 years and older for visual impairment in the primary care setting. Among community-dwelling adults in this age group, vision screening produces no significant difference in the prevalence of visual impairment at follow-up compared with no screening.

<https://www.aafp.org/afp/2021/1000/p419.html>

When are pharmacologic measures appropriate for the management of behaviors associated with altered mental status?

Medication should be used to manage behaviors associated with altered mental status only when nonpharmacologic measures are ineffective, and then only when it is essential to control behavior. Studies evaluating the effectiveness of

medications used for their sedative effects yield conflicting results, and these medications may cause harm due to adverse effects.

<https://www.aafp.org/afp/2021/1100/p461.html>

What is the first-line treatment for hereditary hemochromatosis?

Lifelong phlebotomy is the treatment of choice to maintain a goal serum ferritin level of around 50 ng per mL (50 mcg per L).

<https://www.aafp.org/afp/2021/0900/p263.html>

What testing should be performed for the initial evaluation of patients with diabetes mellitus and suspected osteomyelitis?

Initial testing in patients with diabetes and suspected osteomyelitis should include plain radiography, a C-reactive protein test, and probe-to-bone testing.

<https://www.aafp.org/afp/2021/1000/p386.html>

Should patients with end-stage renal disease continue routine cancer screening?

Routine cancer screening should be avoided because of the limited life expectancy for most patients with end-stage renal disease who do not undergo kidney transplantation.

<https://www.aafp.org/afp/2021/1100/p493.html>

Tip for Using AFP at the Point of Care

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A collection of AFP Clinical Answers is available at <https://www.aafp.org/afp/answers>.