

# Heart Failure With Reduced Ejection Fraction, Mallet Finger, Septic Arthritis, Fibromyalgia Medications, Seborrheic Dermatitis, Colorectal Cancer, Graves Disease

## How should medications be initiated for individuals with heart failure with reduced ejection fraction?

Guideline-directed medical therapy (renin-angiotensin system/neprilysin inhibitors, beta blockers, mineralocorticoid receptor antagonists, and sodium-glucose cotransporter-2 inhibitors) should be initiated and titrated to target dosing within 6 to 12 weeks of heart failure diagnosis to improve symptoms and reduce mortality and heart failure readmissions.

**Read more: Heart Failure With Reduced Ejection Fraction: Medical Management; August 2025**

## How long should bony mallet finger injuries be immobilized?

For bony mallet finger injuries, the affected distal interphalangeal joint should be continuously splinted and immobilized in a neutral or slightly hyperextended position for at least 6 to 8 weeks, and then for 2 additional weeks at night.

**Read more: Fingertip Injuries; July 2025**

## What are the initial diagnostic steps for patients with suspected septic arthritis?

In patients with suspected septic arthritis, synovial fluid should be analyzed via arthrocentesis (Gram stain, culture, white blood cell count with differential, and crystal analysis) before starting antibiotics.

**Read more: Acute Monoarthritis: Diagnosis in Adults; June 2025**

## What medications are recommended for fibromyalgia pain?

For fibromyalgia pain, consider pregabalin (when tolerated at a therapeutic dose) or consider duloxetine or milnacipran.

**Read more: Nonopioid Pharmacologic Management of Chronic Noncancer Pain; August 2025**

## What topical agents can be used to treat refractory seborrheic dermatitis?

Topical calcineurin inhibitors (eg, pimecrolimus 1%, tacrolimus 0.1%)—which are safe and effective treatments for seborrheic dermatitis of the face or body—are recommended in cases unresponsive to antifungals or corticosteroids or to avoid the consequences of long-term corticosteroid use.

**Read more: Seborrheic Dermatitis: Diagnosis and Treatment; August 2025**

## In what age range should periodic screening for colorectal cancer be completed?

Adults at average risk of colorectal cancer and without any colon cancer–related signs or symptoms should undergo periodic screening between 45 and 75 years of age. Patients older than 75 years should consider periodic screening for colorectal cancer based on shared decision-making that includes health status, screening history, and patient preference.

**Read more: Colorectal Cancer Screening and Prevention; September 2025**

## What is the best test to confirm Graves disease?

The presence of thyrotropin receptor antibodies is an accurate and more cost-effective way to confirm Graves disease than radiographic imaging.

**Read more: Hyperthyroidism: Diagnosis and Treatment; August 2025**

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

Looking for an algorithm? See the collection of AFP's diagnostic and treatment algorithms at <https://www.aafp.org/afp/collections/algorithms>, where you can sort by discipline or topic.

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