AFP Clinical Answers

Peptic Ulcers, Blood Lead Levels in Children, Diabetic Kidney Disease, VTE, Endometrial Biopsy

Should clinicians screen and treat H. pylori infection before initiating long-term therapy with NSAIDs to reduce the risk of peptic ulcer disease?

Physicians should perform laboratory screening for and eradicate *Helicobacter pylori* infection before initiating long-term nonsteroidal anti-inflammatory drug (NSAID) therapy in NSAID-naive patients to reduce the risk of peptic ulcer disease. Physicians should screen for and eradicate *H. pylori* before initiating long-term NSAID therapy in patients with a history of peptic ulcers.

https://www.aafp.org/afp/2019/0615/p783.html

What blood lead levels in children require investigation?

In 2012, the Centers for Disease Control and Prevention recommended investigation and management with a blood lead level of 5 μ g per dL (0.24 μ mol per L). More than 500,000 U.S. children were estimated to have high blood lead levels by this criterion in 2017. Blood lead levels of 5 μ g per dL or less in apparently asymptomatic children are associated with impaired neurocognitive and behavioral development. Chelation therapy is recommended if a child's blood lead levels are greater than 45 μ g per dL (2.17 μ mol per L).

https://www.aafp.org/afp/2019/0701/p24.html

What are the antihyperglycemic treatment recommendations for diabetic kidney disease?

In adults with diabetes mellitus, metformin should be used as first-line therapy for glucose management because it is associated with A1C reduction, decreased risk of renal failure, and decreased mortality. Glucagon-like peptide-1 receptor agonists or sodium-glucose

cotransporter-2 inhibitors should be considered as second-line therapy for patients with diabetic kidney disease to reduce progression of the disease.

https://www.aafp.org/afp/2019/0615/p751.html

What is the preferred anticoagulant for long-term prevention of recurring VTE in patients with cancer?

Compared with vitamin K antagonists, low-molecular-weight heparin reduces recurrent venous thromboembolism (VTE) in patients with cancer (number needed to treat = 19), with similar adverse event profiles. Direct oral anti-coagulants reduce VTE risk to the same extent as low-molecular-weight heparin but at an increased risk of major bleeding (number needed to harm = 34).

https://www.aafp.org/afp/2019/0601/p676.html

When is endometrial biopsy warranted in a premenopausal woman with abnormal uterine bleeding?

Endometrial biopsy should be performed in all patients with abnormal uterine bleeding who are 45 years or older, in younger patients with a significant history of unopposed estrogen exposure, persistent bleeding, or in whom medical management is ineffective.

https://www.aafp.org/afp/2019/0401/p435.html

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