AFP Clinical Answers

Blood Pressure Readings, Tonsillectomy in Children, Venous Ulcers, Opioids, Pelvic Inflammatory Disease

In patients with high blood pressure, does a second reading show lower results?

You should recheck high blood pressures. Set your electronic health record to prompt you to do it. In a large study, when reminded, clinicians rechecked elevated blood pressures 83% of the time, finding a median drop of 8 mm Hg during the same visit. That drop is equivalent to a typical reduction in blood pressure with pharmacologic treatment over time and resulted in one-third fewer patients being labeled as hypertensive at that visit.

https://www.aafp.org/afp/2019/0901/p290.html

How should family physicians determine the need for tonsillectomy in children?

Watchful waiting is recommended over tonsillectomy for recurrent throat infections in the absence of having seven infections in one year, five annually for two years, or three annually for three years. Physicians should consider tonsillectomy for obstructive sleep-disordered breathing when the patient has signs of growth retardation, enuresis, asthma, poor school performance, or behavioral problems. Polysomnography is recommended in patients with sleep-disordered breathing without comorbidities and in patients younger than two years or with specific disorders such as obesity, Down syndrome, or craniofacial disorders.

https://www.aafp.org/afp/2019/0901/p316.html

What evaluation is recommended for patients with venous ulcers?

Arterial pulse examination and measurement of ankle-brachial index are recommended for all patients with suspected venous ulcers. Color duplex ultrasonography is recommended in patients with venous ulcers to assess for venous reflux and obstruction. Further evaluation with biopsy or referral to a specialist is warranted if healing stalls or the ulcer has an atypical appearance.

https://www.aafp.org/afp/2019/0901/p298.html

Are opioid medications preferable for improving pain-related function with severe chronic back, hip, or knee pain?

Nonopioid medications are at least as effective as opioid medications for improving pain-related function over 12 months in adults with severe chronic back pain or hip or knee osteoarthritis. The evidence that opioids are not superior to nonopioid medications for chronic and acute pain continues to mount, but it will be difficult to get patients and clinicians to believe the evidence.

https://www.aafp.org/afp/2019/0901/p290.html

How should pelvic inflammatory disease be diagnosed?

The diagnosis of pelvic inflammatory disease should be made clinically in the absence of other obvious causes in an at-risk woman with unexplained pelvic pain and cervical motion, uterine, or adnexal tenderness, according to a consensus guideline from the Centers for Disease Control and Prevention.

https://www.aafp.org/afp/2019/0915/p357.html

Tip for Using AFP at the Point of Care

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