

AFP Clinical Answers

COVID-19 and Remdesivir, Insulin Analogues, Opioid Use Disorder, Urinary Incontinence

Is remdesivir effective for patients who are hospitalized with COVID-19?

The Adaptive COVID-19 Treatment Trial took place at 60 different sites across the United States, Germany, Denmark, United Kingdom, Greece, Korea, Mexico, Spain, and Japan. The researchers randomized 1,063 patients who were hospitalized with coronavirus disease 2019 (COVID-19) and evidence of lower respiratory tract involvement to receive remdesivir (n = 538; 200 mg intravenously on day 1 and then 100 mg intravenously per day for up to 10 days or hospital discharge) or matching placebo infusion (n = 521). In mid-April, the primary end point was switched from mortality to time to recovery.

The time to recovery was significantly faster in the group treated with remdesivir than in those receiving placebo (11 days vs. 15 days; $P < .001$). There was also a trend toward a lower 14-day mortality rate in the remdesivir group (7.1% vs. 11.9%), but this was not statistically significant. If the mortality difference were significant, this would translate to a number needed to treat of 21. Projecting statistically, it is likely the study would have needed to continue for one to two weeks to accrue enough patients and events for the mortality data to become statistically significant. The rate of serious adverse events in the patients treated with remdesivir was slightly lower (21.1%) than in those receiving placebo (27.0%).

<https://www.aafp.org/afp/dailybriefs.html>

Are long-acting insulin analogues more effective than NPH insulin for type 2 diabetes mellitus?

NPH insulin use leads to fewer episodes of severe hypoglycemia than long-acting analogues (glargine [Lantus] and detemir [Levemir]) according to a large observational study, and it is less than one-half the cost. In adults

with type 2 diabetes mellitus, NPH is a cost-effective alternative to insulin analogues.

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

When should adults be screened for opioid use disorder?

Expert guidelines recommend that all adult patients be screened for opioid use disorder.

<https://www.aafp.org/afp/2019/1001/p416.html>

How should urinary incontinence be evaluated?

A validated incontinence screening questionnaire should be used to help categorize the type of urinary incontinence. The cough stress test has excellent intertest reliability, sensitivity, and specificity and should be used to confirm stress incontinence.

<https://www.aafp.org/afp/2019/0915/p339.html>

How should urinary incontinence be treated?

Conservative management (e.g., appropriate fluid intake, bladder training, scheduled voiding) should be the first-line treatment for stress and urinary incontinence. Pharmacologic interventions should be selectively used as an adjunct to behavioral therapies. Surgical therapy should be considered for patients with refractory urinary incontinence.

<https://www.aafp.org/afp/2019/0915/p339.html>

Tip for Using AFP at the Point of Care

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