

# AFP Clinical Answers

## Venous Ulcers, Dementia Care, SARS-CoV-2 Swabs, Telehealth

### How should venous ulcers be treated?

Compression therapy is beneficial for venous ulcer treatment and is the standard of care. Dressings are recommended to cover venous ulcers and promote moist wound healing. No one dressing type has been shown to be superior when used with appropriate compression therapy. Pentoxifylline is effective when used as monotherapy or with compression therapy for venous ulcers. Early endovenous ablation to correct superficial venous reflux improves ulcer healing rates.

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

### How should patient care be modified after diagnosis of dementia?

If cognitive impairment or dementia is present, adequate rapport and a patient-centered discussion will reduce distress associated with a new diagnosis. The presence of dementia provides an important “pause point” to align health care delivery with the patient’s goals of care, such as prompting the completion or reconsideration of these goals. Reprioritization of the patient’s health care needs is important, including reduced chronic disease management and increased sensitivity to the potential of iatrogenic harm of inpatient hospitalization. Alternatives to inpatient hospitalization, such as the Hospital at Home model, provide an environment for ambulatory-sensitive conditions that can mitigate risks of delirium and other inpatient complications.

<https://www.aafp.org/afp/2019/0915/p369.html>

### Are self-collected swabs accurate in detecting SARS-CoV-2?

Researchers in the United States identified 530 symptomatic patients seen in ambulatory clinics in the Puget Sound area of Washington. After brief training, the patients were asked to collect tongue, nasal (inserted vertically into nasal passage), and

midturbinate (inserted horizontally) samples, in that order. Afterwards, trained staff collected swab samples from the nasopharynx. The authors estimated that 48 patients would need to test positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) to have adequate power. Most of the time patients tested positive at more than one site, regardless of who gathered the sample. Using the staff-collected sample as the first-choice standard, the authors determined that self-collected samples were 89.8% sensitive (97.5% one-sided CI, 78.2% to 100.0%) for tongue samples, 94.0% sensitive (97.5% CI, 83.8% to 100.0%) for nasal samples, and 96.2% sensitive (97.5% CI, 87.0% to 100.0%) for midturbinate samples. This study suggests that patient-collected samples are reasonably accurate and have the potential to decrease the frequency of exposing staff to potentially infectious material.

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

### Does the use of telehealth for outpatient subspecialty consultations improve clinical outcomes?

Telehealth consultations improve clinical outcomes in the areas of wound care, psychiatry, and certain chronic conditions. Telehealth may increase patient satisfaction and may reduce cost and health care utilization. There is insufficient evidence regarding potential harms of telehealth.

<https://www.aafp.org/afp/2019/1101/p575.html>

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

**Do you need more information about COVID-2019?** Visit <https://www.aafp.org/journals/afp/explore/COVID-19.html>. You can also search for resources by adding “AAFP” or “AFP” with the search term “COVID” in your browser.

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