

AFP Clinical Answers

PID Treatment, Low Back Pain, Opioids, Plasma Injections, Sphygmomanometry

How should pelvic inflammatory disease be treated?

Empiric antibiotic treatment should be offered at the time of presentation to patients with pelvic inflammatory disease (PID) symptoms. Women with mild to moderate PID may be treated in an outpatient setting without increased risk of sequelae. Patient-delivered or expedited partner therapy for sexually transmitted infections should be offered where legal to decrease rates of reinfection.

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

Can history findings help rule out serious conditions related to low back pain?

Red flags can help rule out serious underlying etiologies of low back pain. The red flags for serious causes of low back pain include progressive weakness, saddle anesthesia, urinary retention, age older than 50 years, osteoporosis, trauma, infection, immunocompromise, intravenous drug use, night pain, oral steroid use, fever, history of malignancy, progressive pain, night pain, and unintended weight loss.

<https://www.aafp.org/afp/2019/1201/p697.html>

How should opioid use disorder be treated?

Patients with opioid use disorder should be offered pharmacotherapeutic maintenance treatment. Pharmacotherapy for opioid use disorder should be continued for as long as it helps the patient; patients should not be required to discontinue according to preset timelines. Participation in behavior therapies may be helpful for some patients with opioid use disorder, but studies are equivocal; it should not be a prerequisite for buprenorphine treatment. To prevent overdose, naloxone should be prescribed to all patients with

opioid use disorder or high-risk prescription opioid use or who use any illicit drugs.

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

Are platelet-rich plasma injections beneficial in the nonoperative treatment of rotator cuff disease in adults?

A systematic review of five studies found no evidence that supports any additional benefit of platelet-rich plasma injections compared with various control interventions, including saline placebo, in the nonoperative treatment of rotator cuff disease in adults. Exercise therapy was shown to be superior to platelet-rich plasma injections in improving outcomes in the included studies.

<https://www.aafp.org/afp/2019/1115/p647.html>

Is fully automated blood pressure measurement more accurate than manual sphygmomanometry?

In a meta-analysis of 31 studies, automated measurement aligned better with ambulatory blood pressure monitoring, the best predictor of cardiovascular events, than manual measurement. Manual readings were an average 13.4 to 14.5 mm Hg (systolic) higher than daytime ambulatory or automated readings in patients with hypertension.

<https://www.aafp.org/afp/2019/1115/p646.html>

Tip for Using AFP at the Point of Care

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