

# AFP Clinical Answers

## Learning Disorders, Perinatal Depression, Infants with GERD, Kidney Injury, Amblyopia

### How should physicians evaluate a child determined to have a learning disorder at school?

A child receiving an evaluation from a school for a specific learning disability should also receive a medical evaluation for possible comorbidities that can impact learning, attention, and other academic skills. Communication between the physician and the school can help families advocate for their child's needs in the school setting.

<https://www.aafp.org/afp/2019/1115/p628.html>

### Do thickened formula feedings lead to better outcomes in infants with gastroesophageal reflux?

Bottle-fed infants with gastroesophageal reflux should be given thickened formula feedings. Thickened formula feedings moderately decrease occurrences of regurgitation and parent-reported symptoms, and they improve weight gain compared with nonthickened formula feedings.

<https://www.aafp.org/afp/2019/1001/p437.html>

### What interventions are recommended to prevent perinatal depression?

The U.S. Preventive Services Task Force (USPSTF) recommends that physicians provide counseling to or refer to counseling pregnant and postpartum women who are at increased risk of perinatal depression. The USPSTF recommends providing counseling interventions to women with one or more of the following characteristics: a history of depression, current depressive symptoms that do not reach a diagnostic threshold, certain socioeconomic risk factors such as low income or adolescent or single parenthood, recent intimate partner violence, or mental health-related factors such as elevated anxiety symptoms or a history of significant negative life events. First-time pregnancy is not considered a

risk factor in this approach. There are no data on the ideal timing for offering counseling or referral to counseling interventions.

<https://www.aafp.org/afp/2019/0915/p365.html> and <https://www.aafp.org/afp/2019/0915/od1.html>

### What type of intravenous fluid resuscitation reduces the risk of worsening acute kidney injury?

Isotonic crystalloids are preferred over colloids when fluid resuscitation is indicated in patients with acute kidney injury. Balanced crystalloids, such as lactated ringers solution, are preferred over 0.9% sodium chloride for fluid resuscitation in critically ill and noncritically ill patients.

<https://www.aafp.org/afp/2019/1201/p687.html>

### Should children receive screening for amblyopia?

Children should have vision screening to detect amblyopia or its risk factors at least once between three and five years of age. Children three to five years of age with visual acuity less than 20/40 in either eye, or children five years and older with visual acuity less than 20/32 in either eye should be referred to a pediatric ophthalmologist for further examination. Children younger than seven years benefit the most from early detection and treatment of amblyopia, although older children may still benefit. Patching and atropine drops are effective treatments for amblyopia.

<https://www.aafp.org/afp/2019/1215/p745.html>

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

**Do you use Google to search?** You can limit the search results to AFP by simply typing "AFP:" before your search term.

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