

## Pulmonary Function Testing, Vulvovaginal Candidiasis, Breast Cancer, Fasting Lipid Levels

### When is full pulmonary function testing recommended?

Full pulmonary function testing should be performed in patients with a restrictive pattern on spirometry and in patients with a mixed pattern if the forced vital capacity does not improve significantly after administration of a bronchodilator. Bronchoprovocation testing should be performed in patients with normal results on pulmonary function testing but a history that suggests exercise- or allergen-induced asthma.

<https://www.aafp.org/afp/2020/0315/p362.html>

### How effective are probiotics for augmenting antifungal treatment of vulvovaginal candidiasis?

Adding probiotics (typically *Lactobacillus* species) to antifungal therapy for vulvovaginal candidiasis improves short-term cure rates by 14% and reduces one-month relapse rates by 66% based on a meta-analysis of low-quality randomized controlled trials. Adding probiotics to antifungal therapy for patients with recurrent vulvovaginal candidiasis may improve long-term cure rates over three to six months.

<https://www.aafp.org/afp/2020/0401/p432.html>

### Which patients should be offered medication to reduce the risk of breast cancer?

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians offer to prescribe risk-reducing medications, such as tamoxifen, raloxifene, or aromatase inhibitors, to patients 35 years and older who are at increased risk of breast cancer and at low risk of adverse medication effects. Only tamoxifen is recommended for premenopausal patients. The USPSTF does not endorse any particular risk-prediction tool, and there is no single defined cutoff for increased risk. Numerous risk

assessment tools, such as the National Cancer Institute Breast Cancer Risk Assessment Tool (<https://bcrisktool.cancer.gov/>), estimate a patient's risk of developing breast cancer over the next five years. Patients at increased risk (e.g., at least a 3% risk of breast cancer in the next five years) are likely to derive more benefit than harm from risk-reducing medications. Tamoxifen and raloxifene are associated with small to moderate harms. Both have an increased risk of venous thromboembolism; the risk with tamoxifen is higher. Only tamoxifen increases the risk of endometrial cancer and cataracts. Aromatase inhibitors may increase the risk of fractures, whereas tamoxifen and raloxifene can decrease fracture risk. All treatments are commonly associated with vasomotor symptoms.

<https://www.aafp.org/afp/2020/0315/p373.html>

### Are fasting lipid levels more predictive of cardiovascular outcomes than nonfasting lipid levels?

According to a post hoc prospective follow-up of a randomized clinical trial of 8,270 patients, it is not necessary for patients to fast for lipid level measurements. Guidelines recommend checking lipid levels in nonfasting patients. This is easier on patients, and the study found that nonfasting and fasting levels are equally predictive of subsequent cardiovascular events. Although triglyceride levels may be slightly higher in nonfasting patients, cholesterol levels are similar in both groups.

<https://www.aafp.org/afp/2020/0515/p608.html>

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

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