

# AFP Clinical Answers

## Irritable Bowel Syndrome, Altitude Illness, Transfusions, Group B Streptococcus, Acute Pain

### Which tests rule out inflammatory bowel disease in patients meeting criteria for irritable bowel syndrome?

A normal C-reactive protein or fecal calprotectin level rules out inflammatory bowel disease for patients who meet Rome IV diagnostic criteria for irritable bowel syndrome without alarm features.

<https://www.aafp.org/afp/2020/0415/p472.html>

### What are some behavioral and pharmacologic therapies effective for preventing acute altitude illness?

According to the Wilderness Medical Society, gradually increasing sleeping altitude is the best way to prevent altitude illness. Staged ascent and preacclimatization to hypoxia also reduce risk. Acetazolamide and dexamethasone can be used to prevent acute mountain sickness and high altitude cerebral edema, but only acetazolamide aids in acclimatization.

<https://www.aafp.org/afp/2020/0415/p505.html>

### What is the transfusion threshold of red blood cells for most adults with asymptomatic anemia?

The transfusion threshold of red blood cells for most adults should be a hemoglobin level of no more than 7 to 8 g per dL (70 to 80 g per L) in patients with asymptomatic anemia.

<https://www.aafp.org/afp/2020/0701/p30.html>

### How should newborn early-onset group B streptococcus infections be prevented?

The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend maternal screening for group B streptococcus infections and intrapartum

antibiotics for positive screening to reduce early-onset group B streptococcus disease risk. For well-appearing infants born at 35 weeks' gestation or later, determining treatment with a risk calculator and clinical monitoring for 36 to 48 hours are alternatives to empiric antibiotics, even with maternal intrapartum fever. Infants born before 35 weeks' gestation because of cervical insufficiency, preterm labor, premature rupture of membranes, intra-amniotic infection, or acute or unexplained nonreassuring fetal status should receive empiric antibiotics because of the high risk of group B streptococcus disease. Infants born before 35 weeks' gestation because of other causes should receive empiric antibiotics for insufficient intrapartum antibiotics, maternal intrapartum fever, or newborn signs of illness.

<https://www.aafp.org/afp/2020/0315/p378.html>

### In patients with acute pain, does a higher dose of ibuprofen produce more pain relief?

No, in a randomized, double-blind trial of 225 patients, lower doses of ibuprofen worked as well as higher doses. Higher doses of ibuprofen for acute pain relief offer no more benefit at 60 minutes than a single 400-mg dose. The same has been shown for chronic treatment of osteoarthritis; an anti-inflammatory dose is not needed. Another study showed equivalence between 200-mg and 400-mg doses of ibuprofen.

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

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