AFP Clinical Answers

Hypotension, Postpartum Thyroiditis, Adenomyosis, Pruritus, Hepatitis C, Borderline Personality Disorder

What treatment options are available for patients diagnosed with orthostatic hypotension?

Nonpharmacologic management strategies, such as avoiding or modifying exacerbating activities, should be attempted before prescribing a medication. If nonpharmacologic management alone is insufficient, it should be used in combination with medications. First-line pharmacologic therapy should include midodrine or droxidopa (Northera) titrated to relieve symptoms.

https://www.aafp.org/afp/2022/0100/p39.html

What type of monitoring is recommended for women with a history of postpartum thyroiditis?

Patients with a history of postpartum thyroiditis should have thyroid-stimulating hormone testing annually to evaluate for permanent hypothyroidism.

https://www.aafp.org/afp/2021/1200/p609.html

Which imaging options are available for the noninvasive diagnosis of adenomyosis?

Diagnosis of adenomyosis is based on clinical suspicion and imaging. Transvaginal ultrasonography or pelvic magnetic resonance imaging should be used to noninvasively diagnose adenomyosis.

https://www.aafp.org/afp/2022/0100/p33.html

What laboratory testing should be considered for patients with pruritus?

The following serologic studies should be considered when pruritus is undifferentiated after the initial evaluation: complete blood count, iron studies, renal and hepatic function tests,

thyroid-stimulating hormone, and fasting glucose or A1C.

https://www.aafp.org/afp/2022/0100/p55.html

What are the first-line treatment options for uncomplicated hepatitis C infection in adults?

Adults with hepatitis C virus (HCV) infection who meet the criteria for treatment with a simplified regimen should be treated with eight weeks of glecaprevir/pibrentasvir (Mavyret) or 12 weeks of sofosbuvir/velpatasvir (Epclusa), regardless of the HCV genotype.

https://www.aafp.org/afp/2021/1200/p626.html

Which pharmacologic therapies are recommended for the treatment of patients with borderline personality disorder?

Psychotherapy is the first-line treatment for borderline personality disorder. However, second-generation antipsychotics, mood stabilizers, and omega-3 fatty acids are pharmacologic options for treating specific symptoms of borderline personality disorder despite low-quality evidence.

https://www.aafp.org/afp/2022/0200/p156.html

Tip for Using AFP at the Point of Care

Do you need information about how to help your patients choose wisely? Find recommendations from the AAFP's Choosing Wisely campaign at https://www.aafp.org/afp/choosingwisely. Search by keyword, topic, or sponsors related to the information you are looking for.

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