

AFP Clinical Answers

Venous Thromboembolism, Thalassemia, Chlamydia and Gonorrhea, Menopause, PAD, Diabetes

How long should patients with provoked venous thromboembolism be treated with anticoagulation therapy?

Patients with venous thromboembolism due to a transient risk factor (provoked) can stop anticoagulation after three months of treatment.

Recurrent Venous Thromboembolism; April 2022

When is iron chelation therapy recommended in patients with thalassemia?

Iron chelation therapy corrects iron overload caused by hemolytic anemia, increased intestinal iron absorption, and repeated transfusions. It is recommended in transfusion-dependent thalassemia when ferritin levels exceed 1,000 ng per mL (1,000 mcg per L) and non-transfusion-dependent thalassemia when ferritin levels exceed 800 ng per mL (800 mcg per L).

Alpha- and Beta-thalassemia:
Rapid Evidence Review; March 2022

When should nonpregnant people be retested after treatment for chlamydia or gonorrhea?

Nonpregnant people treated for chlamydial or gonococcal infections should be tested for reinfection three months after treatment.

Chlamydial and Gonococcal Infections:
Screening, Diagnosis, and Treatment; April 2022

Are SSRIs or SNRIs more effective for the treatment of vasomotor symptoms of menopause?

Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are effective at relieving vasomotor symptoms of menopause. No studies have directly compared the two drug classes. SNRIs

are associated with more adverse effects. Venlafaxine is preferred in women with breast cancer because SSRIs may interfere with tamoxifen metabolism.

SSRIs vs. SNRIs for Vasomotor Symptoms of Menopause; April 2022

Is cilostazol therapy safe and effective for improving walking distance in patients with intermittent claudication due to peripheral artery disease (PAD)?

Cilostazol (Pletal) improves initial and absolute walking distances in patients with intermittent claudication secondary to PAD and appears to be equivalent in effect to pentoxifylline (Trental). Adverse effects of cilostazol include headache, diarrhea, dizziness, and palpitations.

Cilostazol for Intermittent Claudication Caused by Peripheral Artery Disease; April 2022

Do patient education interventions improve A1C values in patients with type 2 diabetes mellitus?

Patient education interventions, specifically those including face-to-face interactions with trained educators or nurses, improve A1C values in patients by 0.3% to 1.4% compared with usual diabetes care.

Patient Education Interventions
Improve A1C Values; April 2022

Tip for Using AFP at the Point of Care

Do you need to refresh your procedural skills? The AFP video collection includes short, educational videos that have accompanied AFP articles or were submitted as freestanding videos. All videos are peer-reviewed. Available at: <https://www.aafp.org/afp/videos.html>.

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