

Chest Pain, Multivitamin Supplements, Knee Osteoarthritis, Alzheimer Dementia, Asthma

What test is recommended for intermediate-risk patients with stable chest pain?

Based on randomized controlled trials and observational studies, the American College of Cardiology/American Heart Association Joint Committee recommended coronary computed tomographic angiography (CCTA) over invasive coronary angiography for intermediate-risk patients with stable chest pain and no known coronary artery disease to rule out coronary stenosis. CCTA is noninvasive, widely available, and has high patient satisfaction and lower procedural complications.

Read more: CCTA to Evaluate for Coronary Artery Stenosis in Intermediate-Risk Patients With Stable Chest Pain [Diagnostic Tests]; September 2024

Does regular dietary supplementation with multivitamins reduce the risk of premature mortality?

In a 2022 update, the US Preventive Services Task Force found insufficient evidence to assess the benefits and harms for use of multivitamin supplements (I statement). A government-funded cohort study with 390,124 participants followed up to 27 years found no reduction in cardiovascular, cancer, cerebrovascular, or all-cause mortality from regular multivitamin use.

Read more: Regular Multivitamin Use Is Not Associated With a Mortality Benefit [POEMs]; November 2024

How much weight loss is needed to improve pain and quality of life for patients with overweight or obesity and knee osteoarthritis?

According to a meta-analysis of randomized controlled trials, a total body weight loss of 5.1%, or 0.24% per week, results in clinically significant improvement in pain and disability in patients with overweight or obesity and knee osteoarthritis.

Read more: Weight Loss in Patients With Overweight or Obesity and Knee Osteoarthritis [FPIN's Clinical Inquiries]; December 2024

What are the safest and most effective cognitive enhancers for patients with different stages of Alzheimer dementia?

Cognitive enhancers are in an older category of medications intended to improve function in patients with Alzheimer dementia; these include three cholinesterase inhibitors (galantamine, donepezil, rivastigmine) and the *N*-methyl-D-aspartate receptor antagonist memantine. A meta-analysis evaluated their effects through increases in Mini-Mental State Examination scores. In patients with mild to moderate dementia, donepezil or transdermal rivastigmine was the best initial choice; for patients with moderate to severe dementia, the combination of donepezil and memantine was most effective.

Read more: Cognitive Enhancers Significantly Improve Mini-Mental State Examination Score in Patients With Alzheimer Dementia [POEMs]; July 2024

How effective is adding or increasing treatment regimens in adolescents and adults with uncontrolled asthma who are already taking a medium-dose inhaled corticosteroid (ICS)?

A Cochrane review found that adding a long-acting beta₂ agonist to a medium- or high-dose ICS likely reduces the frequency of moderate to severe asthma exacerbations compared with a medium-dose ICS alone. Adding a long-acting muscarinic antagonist possibly reduces the frequency of moderate to severe asthma exacerbations compared with a medium-dose ICS alone. A high-dose ICS alone likely does not reduce the frequency of moderate to severe asthma exacerbations.

Read more: Adding a LABA or LAMA to Current ICS Therapy for Uncontrolled Asthma [Cochrane for Clinicians]; October 2024 ■

Tip for Using AFP at the Point of Care

Interested in learning more about evidence-based medicine? Check out AFP's Evidence-based Medicine Toolkit at <https://www.aafp.org/pubs/afp/authors/ebm-toolkit.html>. Find explicit ratings for the strength of evidence for key recommendations on diagnosis and treatment.

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