

AFP Clinical Answers

Depression After ACS, Amenorrhea, Physical Activity, Heart Failure, Erythema Multiforme

What is the AAFP recommendation for screening and treating depression after an acute coronary syndrome (ACS) event?

Patients are at high risk of depression after ACS events and should be routinely screened for depression. Standard treatment with antidepressant medications (selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors) and/or cognitive behavior therapy is effective, with the combination of both having the strongest evidence of benefit.

<https://www.aafp.org/afp/2019/0615/p785.html>

How should functional hypothalamic amenorrhea be treated?

Functional hypothalamic amenorrhea is a disorder of chronic anovulation caused by hypothalamic-pituitary axis suppression from body weight loss, excessive exercise, or stress. In patients with functional hypothalamic amenorrhea, treatment should correct the underlying cause to restore ovulatory function through behavior change, nutritional repletion (e.g., caloric intake, vitamin D), stress reduction, and weight gain. Although functional hypothalamic amenorrhea may cause bone density loss, combined oral contraceptives do not improve bone density and should not be used solely for this purpose.

<https://www.aafp.org/afp/2019/0701/p39.html>

What are the recommendations for and key benefits of physical activity?

It is recommended that adults perform 150 to 300 minutes of moderate physical activity each week. However, any increase in activity has been demonstrated to be beneficial for health, especially for those who do not meet goals. Exercise reduces symptoms of depression and anxiety while improving sleep quality. For older adults,

increasing physical activity can help them maintain independence by reducing cognitive decline and falls.

<https://www.aafp.org/afp/2019/0701/p58.html>

Should physicians use a combination of an ACE inhibitor and an ARB in patients with heart failure?

Compared with monotherapy, the combination of an angiotensin-converting enzyme (ACE) inhibitor and an angiotensin receptor blocker (ARB) has not been shown to improve cardiovascular or overall mortality in patients with symptomatic heart failure. The combination is associated with an increased number of adverse drug effects.

<https://www.aafp.org/afp/2019/0701/p49.html>

What are some management strategies for erythema multiforme?

Symptomatic treatment with topical steroids or antihistamines is recommended for acute episodes of uncomplicated erythema multiforme. Oral anesthetics may be helpful in decreasing the pain of oral erythema multiforme lesions. Urgent ophthalmologic consultation is recommended for patients with any ocular erythema multiforme involvement. Continuous prophylactic antiviral treatment is recommended for recurrent herpes-associated erythema multiforme.

<https://www.aafp.org/afp/2019/0715/p82.html>

Tip for Using AFP at the Point of Care

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