

AFP Clinical Answers

Heavy Menstrual Bleeding, Acute Pyelonephritis, Bacteriuria, IgA Vasculitis, Febrile UTIs

Do nonsteroidal anti-inflammatory drugs effectively reduce heavy menstrual bleeding in premenopausal patients?

Nonsteroidal anti-inflammatory drugs are effective for reducing heavy menstrual bleeding in premenopausal patients with menorrhagia compared with placebo. However, nonsteroidal anti-inflammatory drugs are less effective than tranexamic acid (Cyklokapron) and the levonorgestrel-releasing intrauterine system (Mirena) for reducing heavy menstrual bleeding.

<https://www.aafp.org/afp/2020/0801/p147.html>

What are the appropriate first-line oral antibiotic therapies for uncomplicated acute pyelonephritis in women?

Fluoroquinolones (e.g., ciprofloxacin for seven days or levofloxacin [Levaquin] for five days) and trimethoprim/sulfamethoxazole for 14 days are appropriate first-line antibiotics for uncomplicated acute pyelonephritis in women when the causative organism is susceptible. Urine culture and antimicrobial susceptibility testing should be performed in patients with suspected acute pyelonephritis and used to direct antibiotic therapy.

<https://www.aafp.org/afp/2020/0801/p173.html>

Which patient populations should be screened for asymptomatic bacteriuria?

Patients who are pregnant should be screened for asymptomatic bacteriuria early in pregnancy and treated appropriately. Patients undergoing endourologic procedures associated with mucosal trauma (e.g., transurethral surgery) should be screened for asymptomatic bacteriuria before the procedure and treated appropriately. Healthy nonpregnant premenopausal patients should not be screened or treated for asymptomatic bacteriuria. Patients with diabetes mellitus should not

be screened or treated for asymptomatic bacteriuria. Older patients with functional or cognitive impairment and bacteriuria but no systemic signs of infection who experience delirium or a fall should be assessed for other causes of delirium with careful observation rather than being treated with antimicrobials.

<https://www.aafp.org/afp/2020/0715/p99.html>

What laboratory tests and vital signs should be performed after a diagnosis of immunoglobulin A (IgA) vasculitis?

Perform monthly urinalysis, creatinine, and blood pressure screening for six months after diagnosis to monitor for relapse and poor renal outcomes.

<https://www.aafp.org/afp/2020/0815/p229.html>

What imaging should be ordered for children younger than 24 months after their first febrile UTI?

Order kidney and bladder ultrasonography for all children younger than 24 months after their first febrile urinary tract infection (UTI). Order voiding cystourethrography for children younger than 24 months if they have recurrent urinary tract infections or abnormal ultrasound findings.

<https://www.aafp.org/afp/2020/0901/p278.html>

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