Useful ACP Resources
A Tale of Two Websites
Acute Colonic Diverticulitis

Acute colonic diverticulitis is a gastrointestinal condition frequently encountered by primary care practitioners, hospitalists, surgeons, and gastroenterologists. Clinical presentation ranges from mild abdominal pain to peritonitis with sepsis. It can often be diagnosed on the basis of clinical features alone, but imaging is necessary in more severe presentations to rule out such complications as abscesses and perforation. Treatment depends on the severity of the presentation, presence of complications, and underlying comorbid conditions. Medical and surgical treatment algorithms are evolving. This article provides an evidence-based, clinically relevant overview of the epidemiology, diagnosis, and treatment of acute diverticulitis.

Therapeutics

Guideline: TMP-SMX is recommended after uncomplicated skin abscess incision and drainage

Clinical impact ratings: 5 5 5

Guideline scope

The use of antibiotics after incision and drainage for uncomplicated skin abscesses.

Guideline development methods

A BMJ Rapid Recommendation panel developed recommendations based on a systematic review (SR) (with searches done to Aug 2017). The SR included 14 randomized controlled trials (RCTs) (n = 3541, 53% men, median age 41 y, median 57% positive for methicillin-resistant Staphylococcus aureus (MRSA). Settings included emergency departments (9 RCTs) and primary care practices (2 RCTs). 3 trials did not report the setting. The panel comprised general practitioners, a general pediatrician, pediatric and adult infectious disease physicians, general internists, a dermatologist, health research methodologists, 2 adult patients with experience with skin abscesses, and 1 adult with experience as a caregiver for a child with skin abscesses. Evidence was appraised using the GRADE approach and considered the values and preferences of patients; the balance of benefits, harms, and burdens of treatment; quality of the evidence for each outcome; and treatment acceptability.

Results and recommendations

Strong recommendation (benefits outweigh harms for almost everyone; all or nearly all informed patients would likely want this option)

Patients who agree to antibiotic therapy after incision and drainage for uncomplicated skin abscesses should use trimethoprim-sulfamethoxazole (TMP-SMX) or clindamycin rather than cephalosporins. This recommendation applies to all common situations, in which the risk for MRSA is > 10%. The evidence for this conclusion is summarized in the Table.

Weak recommendation (benefits outweigh harms for the majority but not everyone; the majority of patients would likely want this option)

Patients with uncomplicated skin abscesses should use TMP-SMX or clindamycin plus incision and drainage rather than incision and drainage alone.

An online version of the recommendation and evidence summary is available at http://magiicp.org/goto/guideline/JR/2017/section/ESR/33.

Conclusion

A panel of wide-ranging expertise made 1 strong and 2 weak recommendations requiring shared decision making for whether to use antibiotic therapy and which antibiotics to use after incision and drainage for uncomplicated skin abscesses.

References


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For correspondence: Dr. R.A.C. Semieniuk, McMaster University, Hamilton, Canada. E-mail reed.semienu@gmail.com.

Commentary

Incision and drainage are standard therapy for progressing skin abscesses. Previous SRs (1, 2) have not shown benefit for adjunctive antibiotics, and contemporary clinical practice guidelines (3, 4) do not recommend antibiotics as an adjunct to incision and drainage, except in cases of systemic manifestations or impaired host defenses. The BMJ Rapid Recommendation Panel's guideline is the first to deviate from conventional recommendations. The recommendation to use TMPSMX or clindamycin over cephalexin in this guideline originated from moderate-quality evidence. Imprecise pooled effect estimates and indirect comparisons between antibiotics in network meta-analysis potentially threaten the internal validity of the results. Further, pooled effect sizes in the SR were heavily dominated by 2 large RCTs, carrying a 50% of the weight of the results. The conclusions of the meta-analyses were similar to those of the 2 large RCTs, both of which were done in the USA, where the prevalence of community-associated MRSA (CA-MRSA) differs from other regions (5). This guideline may not be applicable to regions with a lower prevalence of CA-MRSA, although the authors have opined that, because MRSA is a common pathogen for skin abscesses, TMPSMX or clindamycin should be used if an antibiotic is given regardless of where the patient lives. (6) Observational studies show that patients given MRSA-microbiologically appropriate antibiotics for MRSA skin abscesses did as well as those given appropriate ones (7). Only RCTs comparing empirical antibiotics in areas with low MRSA prevalence will provide direct evidence.

As always, patients prefer local antibiotic susceptibility patterns, and host resistance factors should be considered before therapy. Eventually, point-of-care molecular testing might help guide targeted antibiotic selection.

KoKo Aung, MD, MPH
Paul L. Foster School of Medicine
El Paso, Texas, USA

http://annals.org/aim
Fasting Before Anesthesia: A Cappucino On Call?
21 Nov 2017 | 10.5 Minutes

Is It Statin Myalgia? What a Pain!
15 Aug 2017 | 17 Minutes

Syncope: How Do I Figure This One Out?
20 Jun 2017 | 19 Minutes

Measuring Lipids: To Fast or Not to Fast
17 Jan 2017 | 13 Minutes
WEB EXCLUSIVES

Annals Consult Guys | Annals for Educators | Annals Graphic Medicine | Annals for Hospitalists | Annals Story Slam

Annals Story Slam
January 2018

To Be or Not to Be: The Doctor-Daughter
Dr. Meghna Desai
Running Time: 5:28 Minutes

Annals Story Slam
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Life Lessons
Megan Miner
Running Time: 6:33 Minutes

Annals Story Slam
January 2018

Perspectives and Urgency
Dr. Yasmina Arroyo-Jimenez
Running Time: 5:06 Minutes

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On Being Vulnerable
Dr. J. Kevin Dorsey
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#93: Clinical Pearls ACP 2018 with Nina Mingioni MD
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#91: Curbside Journal Club: Hotcakes and Hot Takes April 2018
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SHM releases recommendations on opioid use in hospitalized adults with acute, noncancer pain

Clinicians should pair opioids with scheduled nonopioid analgesics, unless contraindicated, and always consider nonpharmacologic pain management strategies, according to the consensus statement from the Society of Hospital Medicine. More...

CELLULITIS

Unnecessary blood tests and imaging common in cellulitis hospitalizations, study finds

Over two-thirds of patients with uncomplicated cellulitis received imaging, none of which would have been recommended by guidelines from the Infectious Diseases Society of America. More...
ANTIBIOTICS
Most sinusitis prescriptions exceed recommended duration, study finds
More than 20% of prescriptions were for a five-day course of azithromycin, a course that the Infectious Diseases Society of America explicitly recommends against because of its known association with the development of drug resistance. More...

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Improvements needed in communication between physicians, home health care workers
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Topic of the month: Anesthesia for patients with obesity

May is National Asthma and Allergy Awareness Month. Read up on Chronic asthma in children.

Recent Updates View All

05/31/2018 09:24:00 AM (ET)
outbreak of Ebola virus disease with 54 cases (35 confirmed, 13 probable, and 6 suspected) including 25 deaths as of May 27, 2018 reported in Democratic Republic of Congo (WHO Disease Outbreak News 2018 May 23)

Topic: Ebola virus disease

05/31/2018 08:32:00 AM (ET)
consensus on surprise question by multidisciplinary team of hospice providers may help predict 3- and 12-month mortality among pediatric patients with life-limiting illness (Palliat Med 2018 Feb)

Topic: Hospice eligibility and care

05/31/2018 08:32:00 AM (ET)
PPI score might provide more accurate survival estimates compared to CPS alone in severely ill adults with advanced cancer receiving palliative care (Palliat Med 2018 Feb)

Topic: Hospice eligibility and care
Atrial fibrillation Condition

supraventricular tachyarrhythmia caused by uncoordinated atrial activation and usually associated with irregular ventricular response

Overview and Recommendations History and Physical Guidelines and Resources
Diagnosis Complications and Prognosis Patient Information
Treatment Prevention and Screening ICD-9/ICD-10 Codes

Image Results

More

Calculator Results

Atrial Fibrillation Five-Year Risk of Stroke
Atrial Fibrillation and Arterial Thromboembolism Risk
Atrial Fibrillation

Overview and Recommendations

Overview

Background

- Atrial fibrillation is a tachyarrhythmia caused by uncoordinated atrial activation and associated ventricular response.
- Causes of atrial fibrillation include structural heart disease, metabolic disorders, endocrine diseases, etc.
- The prevalence of atrial fibrillation is higher in the general population of developed countries.

Definitions

- Paroxysmal atrial fibrillation: usually < 7 days.
- Persisting atrial fibrillation: 7 days or requires termination by cardioversion.
- Permanent atrial fibrillation: that is persistent for > 1 year.

Evaluation

- Suspect atrial fibrillation on physical exam when an irregularly irregular heart rhythm is detected by auscultation of heart sounds.
- Obtain an electrocardiogram (ECG) to establish the diagnosis. Characteristic findings include:
  - rapid oscillatory ("fibrillatory") baseline waves varying in amplitude, shape, and timing
  - absence of P waves
  - irregularly irregular ventricular response

Patient Information

- The patient and physician agree to stop additional attempts to restore normal sinus rhythm cannot be converted anymore.
- The patient and physician agree to treat the underlying cause of atrial fibrillation.
- If atrial fibrillation is persistent, the patient and physician agree to anticoagulation for stroke prevention.

Guidelines and Resources

- Atrial fibrillation is a common arrhythmia that can lead to stroke if left untreated.
- The primary treatment goals are to prevent strokes and other complications.

Prevention and Screening

- Risk factors for atrial fibrillation include age, hypertension, diabetes, and prior history of atrial fibrillation.
- Screening for atrial fibrillation can be performed using point-of-care devices.

Quality Improvement

- Quality improvement initiatives focus on reducing episodes of atrial fibrillation and improving patient outcomes.
- The goal is to reduce the risk of stroke and other complications associated with atrial fibrillation.

Patient Decision Aids

- Patient decision aids can help patients understand the risks and benefits of different treatments for atrial fibrillation.
- These tools can empower patients to make informed decisions about their care.

ICD-9/ICD-10 Codes

- ICD-9/ICD-10 codes are used to classify and report disease and procedural information for administrative and research purposes.

References

- Atrial fibrillation is a common and often disabling arrhythmia that can lead to stroke and other complications.
- Recent research has focused on improving the diagnosis and management of atrial fibrillation to reduce morbidity and mortality.

EBSCO Health
Journals & Publications

Annals of Internal Medicine

*Annals* publishes clinically relevant articles that promote excellence in medicine and influence patient care. It is among the most widely cited peer-reviewed medical journals in the world.

ACP Internist

Published 10 times a year, *ACP Internist* provides news and information for internists about the practice of medicine and reports on the policies, products, and activities of ACP.

ACP Hospitalist

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ACP Journal Club

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Payment

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Medicare

Resources to ensure you are paid appropriately, including web-based educational tools and the steps of how to bill for an annual wellness visit. Also information pertaining to PQRS including deadlines.

More Medicare

Medicaid

Learn more about the Medicaid and CHIP programs, both at the federal level and in your own state.

More Medicaid

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Regulatory Compliance Information
Resources to help members navigate the complex compliance requirements related to clinical care, operations and electronic health record management.

More on Regulatory Compliance

HIPAA
Resources to help members understand and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Administrative Simplification rules, including the Omnibus, Breach Notification, and the Enforcement Rules.

More on HIPAA

Coding and Payment
ACP has many beginning and advanced coding resources, including a comprehensive collection of tools and resources to help understand and implement proper ICD-10 coding. ACP also offers resources help members navigate potential payment hurdles when dealing with Medicaid, Medicare and private payer insurance companies.

In This Section
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Quality Improvement
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Physician Well-being and Professional Satisfaction

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Asthma - Patient FACTS

English Español

Atopic Dermatitis (Eczema) - Annals Patient Summary

Link

Inhaler Video Health Tips (1 of 4): How to Use a Powder Inhaler (Disc Style) - Video

Video DVD
Insomnia

What Is Insomnia?
Insomnia is a common health problem. People with insomnia don’t sleep very well. This can mean they have trouble falling asleep, staying asleep, or both. Insomnia can come and go or be long-lasting. Some common causes are:

- Stress
- Drinking alcohol
- Drinking coffee, tea, soda, energy drinks, or other drinks with caffeine close to bedtime
- Depression
- Loud or distracting sleep environment
- Changes in schedule
- Pain or other symptoms from health conditions

What Are the Warning Signs of Insomnia?
Some symptoms of insomnia can include:

- Trouble falling asleep or staying asleep
- Waking up too early
- Not feeling rested after sleep
- Feeling sleepy during the day
- Trouble concentrating or paying attention
- Falling asleep at unusual times

How Is Insomnia Diagnosed?
Your doctor will ask about your sleep and medical history. He or she may ask you about your habits related to sleep, like if you drink alcohol or if you exercise.

How Is Insomnia Treated?
A first step in treating insomnia is cognitive behavioral therapy (CBT). Depending on what your sleep problems are, other treatments may include lifestyle changes and medicines.

- Cognitive-Behavioral Therapy (CBT). CBT, or talk therapy, helps you learn about your sleep habits and how to improve them. It can also help you cope with stress or anxiety, which can make sleep worse. CBT can include one-on-one sessions or group
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- **Annals Fresh Look Blog**
  The Annals Fresh Look blog hosts thoughts and reflections on Annals content from the perspective of students, residents, fellows, and other early career physicians.

- **ACP Gastroenterology Monthly**
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- **ACP Diabetes Monthly**
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