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## Top 5 Tools for Practice of 2021

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1. How does once daily iron dosing compare with dosing every second day or twice weekly?
  - **Bottom Line:** Once daily dosing of iron yields similar or slightly better hemoglobin (~3 g/L) versus twice weekly or alternate day over ~3 months. Daily dosing increased ferritin similarly or up to 12 µg/L better. Adverse events (like abdominal pain) are reduced by up to 30% (absolute) with intermittent dosing. Research focused on females aged 14-22.
2. Is semaglutide effective for weight loss?
  - **Bottom Line:** Used with lifestyle changes, 2.4mg weekly subcutaneous semaglutide resulted in an average 10-15% loss in weight (10-15kg) over 68 weeks versus 2-3% (3-4kg) with placebo. Most (70-80%) semaglutide participants lost 5% or more of their body weight. About ¾ of patients experience gastrointestinal side effects, but few stop. Weight regain occurs once the medication is stopped.
3. What is the role of sodium-glucose cotransporter 2 inhibitors (SGLT2i) in patients with chronic heart failure with reduced ejection fraction?
  - **Bottom Line:** SGLT2i reduce mortality, heart failure hospitalizations, and improve quality of life when added to other medications in patients with heart failure with reduced ejection fraction, with or without diabetes. For every 100 patients treated with an SGLT2i for ~1.5 years, ~2 fewer will die, ~4 fewer will be hospitalized for heart failure, and ~7 more will have improved quality of life compared to placebo.
4. Is colchicine effective for secondary cardiovascular prevention?
  - **Bottom Line:** Daily low-dose colchicine in people with coronary artery disease lowers the risk of cardiovascular events by ~1%/year (relative risk reduction 25-

30%) but increases the risk of gastrointestinal events (mostly diarrhea) by ~2% and has no effect on mortality.

5. In premenopausal heavy menstrual bleeding without pathological cause, do nonsteroidal anti-inflammatory drugs (NSAIDs) improve patient outcomes?
- **Bottom Line:** Based on low-quality evidence, NSAIDs reduce relative mean menstrual blood loss by ~30%, and ~20-50% fewer sanitary products used than placebo. Effects on bleeding duration are inconsistent.

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