



Top 5 Tools for Practice of 2022

1. What helps in diagnosing symptomatic uncomplicated urinary tract infections (UTI) in adult women?¹
 - **Bottom Line:** Individual symptoms and leukocytes on urinalysis generally add little to diagnosis. Presence of nitrites increases the probability of UTI, but their absence means little. About 60% of women presenting to primary care with possible UTI have a UTI (before any history, physical or testing). A single urine culture likely misses cases, meaning prevalence is even higher.
2. Do oral antihistamines improve symptoms in adults with allergic rhinosinusitis?²
 - **Bottom Line:** Oral antihistamines reduce rhinosinusitis symptoms by ~10-30% versus placebo over 2-12 weeks. Individual antihistamines appear to have comparable efficacy. More patients attain moderate or better improvement with intranasal corticosteroids (~78%) versus antihistamines (~58%). There appears to be no meaningful differences between antihistamines and leukotriene receptor antagonists or in adding antihistamines to intranasal corticosteroids.
3. Which medications reduce death or hospitalization in patients with heart failure with preserved or mildly reduced ejection fraction (EF>40%)?³
 - **Bottom Line:** In patients with heart failure with EF >40%, only mineralocorticoid receptor antagonists (MRA) and sodium-glucose cotransporter 2 inhibitors (SGLT2i) reduce heart failure hospitalizations, and nothing has been shown to reduce death. Compared to placebo, one patient avoids heart failure hospitalization for every 41 receiving an MRA for ~3 years, or for every 32 receiving an SGLT2i for ~2 years.
4. For patients with benign prostatic hypertrophy (BPH) is combination therapy with alpha-blockers and 5-alpha reductase inhibitors (5ARI) more efficacious than alpha-blockers alone?⁴
 - **Bottom Line:** At best, adding 5ARIs to alpha-blockers reduces the number of men with clinical progression (5% compared to 10% on alfablocker alone), and the number

needing BPH surgery (2% compared to 8% on alpha-blocker alone). Drug related adverse effects are increased from 19% on alpha-blockers alone to 28% on combination.

5. How effective and safe are levonorgestrel and copper-T380A intrauterine devices (IUD) for preventing pregnancy beyond the recommended durations of use?⁵
 - **Bottom Line:** If it is not possible or desirable to replace a levonorgestrel 52mg or copper-T380A IUD at the end of the approved duration of use, small observational studies demonstrated similar efficacy and safety for up to two additional years, with little evidence afterwards. Guidelines suggest that with patient-informed discussion, deferral of IUD replacement for up to twelve months is reasonable.

REFERENCES

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