

Condition	2023 Clinical Practice Guidelines
ADHD	<p>AAP (American Academy of Pediatrics) ADHD: Clinical Practice Guidelines for the Diagnosis, Evaluation and Treatment-2019 Current https://pediatrics.aappublications.org/content/144/4/e20192528</p> <p>Highlights</p> <ul style="list-style-type: none"> ADHD 2019 update –Clinical practice guideline from AAP - Adopting DSM-5 criteria <ul style="list-style-type: none"> o Fewer problem behaviors are required for age 17 and older o Must be evidence that symptoms began before age 12 instead of 7 - Recommended treatments essentially unchanged -Updated process of care algorithm includes additional assessment tools with rating scales for anxiety, depression, substance abuse and trauma
Asthma	<p>National Heart, Lung, and Blood Institute Guidelines for the Diagnosis and Management of Asthma 2007 Current http://www.hpsj.com/wp-content/uploads/2015/07/Asthma-NAEPP-EPR3-2007.pdf</p> <p>Asthma Pocket Guide for Primary Care 2007 http://www.hpsj.com/wp-content/uploads/2015/07/PRIME-Asthma-in-Primary-Care-Pocket-Guide.pdf</p> <p>2020 Update https://www.nhlbi.nih.gov/health-topics/all-publications-and-resources/2020-focused-updates-asthma-management-guidelines</p> <p>Nov 2021 https://publications.aap.org/pediatrics/article/148/5/e2021054270/181397/Biologics-for-Asthma-and-Allergic-Skin-Diseases-in</p> <p>Refer to a pediatric subspecialist (allergist, dermatologist, or pulmonologist) for determination of whether a patient is an appropriate candidate for biological therapy, as well as for determination of which therapy best fits the patient's phenotype</p> <p>Highlights</p> <ul style="list-style-type: none"> Asthma 2020 focused update –Clinical practice guidelines from National Asthma Education and Prevention Program from US Dept of Health and Human Services (HHS) <ul style="list-style-type: none"> o Using inhaled corticosteroids on an as-needed basis for mild persistent asthma for ages >12 o Using formoterol for both control and rescue therapy (SMART)

	<ul style="list-style-type: none">○ Using long-acting antimuscarinic antagonists○ Using allergy shots with small amounts of allergens to treat allergic asthma○ Use of FeNO when diagnosis of asthma is unclear○ Use of bronchial thermoplasty for persistent asthma; generally, recommend against
COPD	<p>Global Strategy for Diagnosis, Management, and Prevention of COPD-2021 https://goldcopd.org/</p> <p>Highlights</p> <p>COPD 2021 Update - Clinical practice guideline from Global Initiative for Chronic Obstructive Lung Disease (GOLD) - No significant changes compared to prior edition, except new chapter on COVID-19</p> <p>From GOLD 2022 report: Minor amendments made: -Interventions that reduce the frequency of COPD exacerbations: shielding measures (e.g., mask wearing, minimizing social contact, frequent hand washing) was added -COVID-19, Tdap (dTaP/dTPa/pertussis/whooping cough) and Zoster (shingles) vaccinations have been added to the vaccine recommendations</p> <p>From GOLD 2023 report: -Definition of COPD has broadened, "COPD is a heterogeneous lung condition characterized by chronic respiratory symptoms (dyspnea, cough, sputum production) due to abnormalities of the airways (bronchitis, bronchiolitis) and/or alveoli (emphysema) that cause persistent, often progressive, airflow obstruction" (however, a post-bronchodilator forced expiratory volume in 1 second / forced vital capacity (FEV1/FVC) of ≤ 0.7 as measured by spirometry remains the key diagnostic criterion) -Definition of COPD exacerbation, "event characterized by dyspnea and/or cough and sputum that worsens in <14 days and is often associated with increased local and systemic inflammation caused by airway infection, pollution, or other insult to the lungs"</p> <p>The Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2023 report identifies key changes for patients with COPD, specifically more aggressive initial bronchodilator therapy:</p> <ul style="list-style-type: none">•Single-agent long-acting bronchodilator therapy for less severe symptoms and low exacerbation risk•Dual long-acting bronchodilator therapy for more severe symptoms and low exacerbation risk

Depression	<p>Institute for Clinical Systems Improvement, Adult Depression in Primary Care Guideline – 2016 Current https://www.icsi.org/guideline/depression/</p> <p>AAP Guidelines for Adolescent Depression in Primary Care - 2018 https://pediatrics.aappublications.org/content/141/3/e20174081 https://pediatrics.aappublications.org/content/141/3/e20174082</p> <p>Highlights</p> <p>Depression in adolescents – Old guideline from ISCI no longer available</p> <ul style="list-style-type: none">- Clinical practice guideline from AAP Guidelines for Adolescent Depression in Primary Care – 2018<ul style="list-style-type: none">o Annual universal screening of youth 12 and over at health maintenance visitso Identification of depression in youth who are at high risko Systematic assessment procedures by using reliable depression scales, patient and caregiver interviews, and DSM-5o Patient and family psychoeducationo Establishment of relevant links in the community o Establishment of a safety plano Active monitoring of mildly depressed youtho Treatment with evidence-based medication and psychotherapeutic approaches in case of moderate and/or severe depression o monitoring of side effectso Consultation and co-management of care with mental health specialists o Ongoing tracking of outcomeso Specific steps to be taken in instances of partial or no improvement, after an initial treatment has begun <p>Close</p>
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Diabetes	<p>ADA Standards of Medical Care in Diabetes—2022 Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers Clinical Diabetes American Diabetes Association (diabetesjournals.org))</p> <p>Highlights Diabetes 2022 Update –</p> <ul style="list-style-type: none">- All adults without risk factors should be screened with a test for prediabetes and type 2 diabetes starting at age 35, instead of age 45.- Recommend COVID-19 and flu vaccine for patients with diabetes, especially since obesity and diabetes are important risk factors for severe COVID-19. <p>ADA (American Diabetes Association) Standards of Care in Diabetes 2023 Highlights</p> <ul style="list-style-type: none">-Emphasis on supporting higher weight loss (up to 15%) based on the efficacy of and access to newer medications when appropriate-Screen for sleep health in people with diabetes and make referrals to sleep medicine as indicated-Recommendation was added to the “Diabetes Self-Management Education and Support” subsection to address social determinants of health in guiding design and delivery of diabetes self-management education and support-Hypertension is now defined as a systolic blood pressure ≥130 mmHg or a diastolic blood pressure ≥80 mmHg-Recommend treatment with a sodium–glucose cotransporter 2 inhibitor in individuals with type 2 diabetes and established heart failure with either preserved or reduced ejection fraction to improve symptoms, physical limitations, and quality of life-Addition of finerenone in the treatment of individuals with type 2 diabetes and chronic kidney disease with albuminuria treated with maximum tolerated doses of ACE inhibitor or angiotensin receptor blocker-Recommend treatment with high intensity statin therapy in individuals with diabetes and established atherosclerotic cardiovascular disease to target an LDL cholesterol reduction of 50% from baseline and an LDL cholesterol goal of <55 mg/dL. If this goal is not achieved on maximum tolerated statin therapy, the addition of ezetimibe or a PCSK9 inhibitor
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Heart Failure	<p>ACCF/AHA Guideline for the Management of Heart Failure – 2013 Current http://www.hpsj.com/wp-content/uploads/2015/07/Chronic_Heart_Failure_ACC-AHA_2013.pdf</p> <p>2017 Update https://www.ahajournals.org/doi/10.1161/cir.0000000000000509</p> <p>2021 Update https://www.jacc.org/doi/10.1016/j.jacc.2020.11.022</p> <p>2022 Update https://www.ahajournals.org/doi/10.1161/CIR.0000000000001063 The previous guidelines for the management of heart failure (HF) from 2013 and 2017 were consolidated and updated to provide a new document: “The 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure”</p> <p>Highlights</p> <ul style="list-style-type: none">CHF 2021 update –Clinical practice guideline form AHA/ACC/HFSA<ul style="list-style-type: none">o New therapies<ul style="list-style-type: none">▪ ARNI – Angiotensin Receptor-Neprolysin Inhibitor▪ SGLT2 Inhibitors – Sodium Glucose Cotransporter-2 Inhibitors▪ Percutaneous therapy for mitral regurgitationo Discussed 10 pivotal issues (medication management, when to refer, needs in specific cohorts, etc.)o Contains Updated Treatment algorithms
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Preventive Health	<p>Preventive health guidelines developed by Health Plan of San Joaquin (HPSJ) Health Educator - has been approved by committee – Current</p> <p>Preventive Health – Adult: Current, developed by HPSJ health educator</p>
Smoking Cessation	<p>USPSTF (US Preventative Services Task Force) Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons - 2021</p> <p>https://jamanetwork.com/journals/jama/fullarticle/2775287</p> <p>Highlights</p> <p>Smoking cessation - Old guideline not available</p> <ul style="list-style-type: none">- Clinical practice guideline from the US Preventative Services Task Force 2021<ul style="list-style-type: none">o Ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and FDA-approved pharmacotherapy for cessation to nonpregnant adults who use tobaccoo Ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobaccoo Evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant personso Evidence is insufficient to assess the balance of benefits and harms of e-cigarettes for tobacco cessation in adults, including pregnant persons

Prenatal Care	AAP and ACOG Guidelines for Perinatal Care – 2017 Current (American Academy of Pediatrics and American College of Obstetricians and Gynecologists) https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx
Hypertension	JNC 8 Guidelines for Management of Hypertension in Adults – 2014 Current (Report from the panel members appointed to the Eighth Joint National Committee, JNC 8) https://jamanetwork.com/journals/jama/fullarticle/1791497
Hyperlipidemia	ACC/AHA guideline on the Management of Blood Cholesterol – 2018 Current (American College of Cardiology and American Heart Association) https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000625 Highlights Hyperlipidemia 2018 update – <ul style="list-style-type: none"> o No changes to the four categories that benefit from statin treatment o Brought back ezetimibe (Zetia) o Role of PCSK-9 inhibitors o Brought back treatment to target goals for people with ASCVD to direct adding on ezetimibe and PCSK-9 inhibitors o No longer using the Friedewald formula to calculate LDL; instead using the Martin-Hopkins equation
Back Pain	Clinical Practice Guideline from ACP (American College of Physicians) and American Pain Society-2017 Current https://www.acpjournals.org/doi/10.7326/M16-2367 Highlights Back Pain – 2017 Update – <ul style="list-style-type: none"> - Clinical Practice Guideline from ACP <ul style="list-style-type: none"> o For acute or subacute back pain, first-line treatment is nonpharmacologic with superficial heat, massage, acupuncture, or spinal manipulation o For acute or subacute back pain, first-line pharmacologic treatment is NSAIDs or muscle relaxants o For chronic low back pain, first-line treatment is nonpharmacologic with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation

	<ul style="list-style-type: none"> ○ For chronic low back pain with inadequate response to nonpharmacologic therapy, should consider pharmacologic treatment with nonsteroidal anti-in as first-line therapy, or tramadol or duloxetine as second-line therapy ○ Should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of known risks and realistic benefits with patients
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Pediatric Preventive Health	American Academy of Pediatrics/Bright Future for under the age of 21 https://brightfutures.aap.org/Pages/default.aspx
Chronic Kidney Disease	Kidney Disease Improving Global Outcomes (KDIGO)/National Kidney Foundation – 2012 Current https://kdigo.org/guidelines/ Topic Updates – 2017 (bone and mineral disorders), 2018 (hepatitis C), 2020 (diabetes), and 2021(blood pressure) Highlights CKD – New for HPSJ <ul style="list-style-type: none"> - Guidelines found at https://kdigo.org/guidelines/ ○ General management guideline is from 2012 ○ 2017 update for mineral and bone disorders o Monitoring and treatment of disturbances in calcium, phosphate, vitamin D, and PTH ○ 2018 update for hepatitis C in CKD o Screening for hep C for all CKD patients ○ 2020 update for transplant candidate ○ 2020 update for diabetes in CKD <ul style="list-style-type: none"> Metformin and SGLT2 inhibitors first line as long as GFR > 30 Treat hyperkalemia for people on ACE inhibitors/ARBs (with meds like zirconium) before discontinuing o GLP-1 agonists after metformin and SGLT2 inhibitors ○ 2021 update for blood pressure in CKD <ul style="list-style-type: none"> Target BP is SBP < 120 for those with CKD with hypertension NEPHROLOGY AND HYPERTENSION (November 2022) -In patients with chronic nondiabetic kidney disease with proteinuria (albuminuria ≥300 mg/day or proteinuria ≥500 mg/day), recommend treatment with a sodium-glucose co-transporter 2 (SGLT2) inhibitor

Covid-19	<p>Centers for Disease Control and Prevention 2022</p> <p>https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html</p> <p>Highlights</p> <ul style="list-style-type: none">○ Vaccines to prevent SARS-CoV-2 infection are considered the most promising approach for curbing the COVID-19 pandemic○ Clinical presentation of COVID-19 cases due to Delta and Omicron variant (April 2022): Symptoms of upper respiratory tract infection (URI) are the most common manifestations of non-severe COVID-19. Symptoms can vary from asymptomatic to critical illness○ Novel breath test to diagnose COVID-19 (April 2022)○ Preferred testing: Reverse-transcription polymerase chain reaction (RT-PCR) assay, if not available, antigen testing can be used○ Treatment with COVID-19-specific therapy (i.e Paxlovid) for certain symptomatic adult outpatients who have mild to moderate COVID-19 and are at increased risk for progression to severe disease (eg, based on older age, immune status, COVID-19 vaccination history, and comorbidities associated with progression)
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