

Condition	2024 Clinical Practice Guidelines
<p>ADHD</p>	<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
<p>Asthma</p>	<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) o Using inhaled corticosteroids on an as-needed basis for mild persistent asthma for ages >12

	<ul style="list-style-type: none"> ○ Using formoterol for both control and rescue therapy (SMART) ○ 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
<p>COPD</p>	<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

	<ul style="list-style-type: none"> •Dual long-acting bronchodilator therapy for more severe symptoms and low exacerbation risk
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<p>Depression</p>	<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 visits o Identification of depression in youth who are at high risk o Systematic assessment procedures by using reliable depression scales, patient and caregiver interviews, and DSM-5 o Patient and family psychoeducation o Establishment of relevant links in the community o Establishment of a safety plan o Active monitoring of mildly depressed youth
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	<ul style="list-style-type: none"> ○ Treatment with evidence-based medication and psychotherapeutic approaches in case of moderate and/or severe depression ○ Close monitoring of side effects ○ Consultation and co-management of care with mental health specialists ○ Ongoing tracking of outcomes ○ Specific steps to be taken in instances of partial or no improvement, after an initial treatment has begun
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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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<p>Heart Failure</p>	<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</p> <p>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

	<ul style="list-style-type: none"> ▪ Percutaneous therapy for mitral regurgitation ○ Discussed 10 pivotal issues (medication management, when to refer, needs in specific cohorts, etc.) ○ Contains Updated Treatment algorithms
<p>Preventive Health</p>	<p>Preventive health guidelines developed by Health Plan of San Joaquin (HPSJ) Health Educator - has been approved by committee – Current Preventive Health – Adult: Current, developed by HPSJ health educator</p>

<p>Smoking Cessation</p>	<p>USPSTF (US Preventative Services Task Force) Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons - 2021 https://jamanetwork.com/journals/jama/fullarticle/2775287 Highlights 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 tobacco o Ask all pregnant persons about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant persons who use tobacco o Evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant persons o Evidence is insufficient to assess the balance of benefits and harms of e-cigarettes for tobacco cessation in adults, including pregnant persons
<p>Prenatal Care</p>	<p>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</p>
<p>Hypertension</p>	<p>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</p>

<p>Hyperlipidemia</p>	<p>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</p> <ul style="list-style-type: none"> ○ Hyperlipidemia 2018 update – ○ No changes to the four categories that benefit from statin treatment ○ Brought back ezetimibe (Zetia) ○ Role of PCSK-9 inhibitors ○ Brought back treatment to target goals for people with ASCVD to direct adding on ezetimibe and PCSK-9 inhibitors ○ No longer using the Friedewald formula to calculate LDL; instead using the Martin-Hopkins equation
<p>Back Pain</p>	<p>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</p> <p>Back Pain – 2017 Update –</p> <ul style="list-style-type: none"> - Clinical Practice Guideline from ACP <ul style="list-style-type: none"> ○ For acute or subacute back pain, first-line treatment is nonpharmacologic with superficial heat, massage, acupuncture, or spinal manipulation ○ For acute or subacute back pain, first-line pharmacologic treatment is NSAIDs or muscle relaxants ○ 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 ○ 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

<p>Pediatric Preventive Health</p>	<p>American Academy of Pediatrics/Bright Future for under the age of 21 https://brightfutures.aap.org/Pages/default.aspx</p>
<p>Chronic Kidney Disease</p>	<p>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</p> <ul style="list-style-type: none"> - Guidelines found at https://kdigo.org/guidelines/ o General management guideline is from 2012 o 2017 update for mineral and bone disorders o Monitoring and treatment of disturbances in calcium, phosphate, vitamin D, and PTH o 2018 update for hepatitis C in CKD o Screening for hep C for all CKD patients o 2020 update for transplant candidate o 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 o 2021 update for blood pressure in CKD Target BP is SBP < 120 for those with CKD with hypertension o The 2024 Kidney Disease: Improving Global Outcomes (KDIGO) guidelines for Chronic Kidney Disease (CKD) (June 2024) <ul style="list-style-type: none"> • Recommends for the use of sodium-glucose cotransporter-2 (SGLT2) inhibitors and nonsteroidal mineralocorticoid receptor antagonists (MRA) to delay CKD progression and reduce cardiovascular complications • SGLT2: Jardiance (empagliflozin), Farxiga, (dapagliflozin) • MRA: Kerendia (finerenone) <p>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</p>

<p>Covid-19</p>	<p>Centers for Disease Control and Prevention 2022 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)