

Overuse Alert!

This practice question aligns with Choosing Wisely Canada's *Ditch the Dipstick* resources. It also aligns with Choosing Wisely Canada recommendations:

- Canadian Geriatrics Society: **Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.**
- Canadian Society for Long Term Care Medicine: **Don't do a urine dip or urine culture unless there are clear signs and symptoms of a urinary tract infection (UTI).**

Reference: Piggott KL, Leis JA. When urine testing to rule out infection does more harm than good. *Can Fam Physician*. 2024 Sep;70(9):551-554.

Link: <https://www.cfp.ca/content/70/9/551>

PMID: 39271226

Q22 Methylphenidate Post-concussion

For adult patients experiencing substantial cognitive fatigue more than 3 months postconcussion who have not responded to nonpharmacological treatments, a trial of methylphenidate might be considered.

- ☐ True
☐ False

Educational Point: An update of Ontario's Living Concussion Guidelines suggests that **for adult patients experiencing substantial cognitive fatigue more than 3 months postconcussion who have not responded to nonpharmacological treatments, a trial of methylphenidate might be considered (level A evidence)**. Starting at low doses, such as 5 mg once daily, then potentially increasing to 5 mg twice daily, methylphenidate can enhance alertness, processing speed, attention, and working memory. Improvements in focus, concentration, and fatigue are often noticed quickly, but patients should consult their provider before discontinuing use.

The guidelines also recommend blue-light therapy as an option for reducing fatigue and excessive daytime sleepiness in adults with prolonged postconcussive symptoms (level A evidence). Daily morning exposure to blue wavelengths around 460 nm to 480 nm synchronizes circadian rhythms, suppresses melatonin, and increases alertness. Evidence suggests 30 minutes of morning blue-light therapy over the course of 6 weeks can effectively combat daytime sleepiness, fatigue, and depression following concussion.

The correct answer is true.

Reference: O'Toole D. Rapid recommendations: Updates from 2023 guidelines: part 2. *Can Fam Physician*. 2024 Oct;70(10):632-633.

Link: <https://www.cfp.ca/content/cfp/70/10/632.full.pdf>

PMID: 39406425