As health care providers, a large proportion of our clinical encounters focuses on the prescribing of pharmaceuticals. The evaluation and diagnosis of common clinical conditions have not changed significantly over time; however, novel pharmaceuticals and new uses for old drugs are developing at an alarming rate. In addition, since the institution of direct-to-consumer advertising in 1997, patients frequently request specific medications to treat their medical conditions. As a result, practicing providers are required to be up-to-date on new medications, their appropriate clinical uses, side effects, and drug interactions. For many care providers, the symptoms and illness that a patient presents with are manifestations of medication side effects. This issue focuses on common medical conditions encountered in a primary care practice or inpatient medicine service. The aim of this issue is not on diagnosis and evaluation but rather on the appropriate use and monitoring of medications. The issue focuses on a number of areas that have experienced rapid change and where the physician needs to have access to current, specific pharmacologic knowledge. A few examples of these are:

- Anticoagulant management of venous thromboembolism and nonvalvular atrial fibrillation has changed dramatically over the past few years with the introduction of numerous direct oral anticoagulants. Understanding the appropriate candidates for these medications, risks, and contraindications can be challenging.
- Hepatitis C is the leading cause of liver-related death, hepatocellular cancer, and liver transplant. In the past, treatments for hepatitis C were extremely toxic and poorly efficacious. The treatment of hepatitis C has dramatically changed since the development of direct-acting antivirals, with cure rates exceeding 90% and low risk for toxicities.
- The management of chronic pain is a common occurrence in most primary care practices with an estimated 20% of patients receiving an opioid prescription. As the rate of opioid prescriptions increased, so did the development of opioid use...
disorders and opioid-related overdose deaths. In March 2016, the Centers for Disease Control and Prevention released guidelines for prescribing opioids for the management of chronic pain. Outside of treatment for patients with active cancer, palliative, or end-of-life care, the recommendation is to use nonopioid therapy when at all possible. This issue reviews nonopioid treatment options for common pain conditions as well as treatment options for substance use disorders.

- As life expectancy for patients living with HIV has caught up with the general population, many patients living with HIV will engage with primary care providers for routine health care maintenance and common medical conditions. Consequently, it is imperative that primary care providers are familiar with potential drug interactions and toxicities related to combination antiviral therapy. Robust data also support the use of pre-exposure prophylaxis with daily Tenofovir/Emtricitabine in patients at high risk for HIV acquisition. Providers will be called on to prescribe pre-exposure prophylaxis.

All the articles in this issue focus on an easy-to-use approach to equip the provider with information, prescribing pearls, and what to watch for in regard to drug interactions and side effects of different pharmacologic therapies. We are grateful to the educators and clinicians who contributed outstanding articles to this issue. We hope that this issue helps distill a large amount of rapidly changing information on pharmacologic therapy into a useful, clinically relevant text.

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