(DATE)

Dear Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

We had the pleasure of seeing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in our office today in consultation. In our medication review we noticed he/she is not on a beta blocker. A growing body of literature, as summarized in a meta-analysis of 82 trials including over 54,000 patients1, has demonstrated that beta blockers are beneficial in reducing morbidity and mortality in patients with coronary artery disease. This benefit has been shown extend to patients with “coronary risk equivalents” such as carotid artery disease, lower extremity disease (PAD) and abdominal aortic aneurysms.2

Accordingly, at today’s visit, we started our shared patient on metoprolol 25 mg daily. Side effects are rare as you know, but may include bradycardia and postural hypotension. This initiative to increase beta blocker use in patients with vascular disease is a component of the **So**uthern **Cal**ifornia **V**ascular **O**utcomes **I**mprovement **C**ollaborativ**e** (So Cal VOICe), in which I am a member and active participant. The So Cal VOICe is a regional voluntary cooperative group of vascular disease specialists dedicated to improving outcomes and advancing the care of vascular patients. Our regional group is part of a national network of quality improvement organizations sponsored by the Society for Vascular Surgery.

As always, if you have any questions please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_, and I would be happy to speak with you.

Sincerely,



http://www.vascularqualityinitiative.org/

1. Freemantle C, Cleland J, Young P, Mason J, Harrison J. Beta blockade after myocardial infarction: systematic review and meta regression analysis. BMJ. 1999:318)7200:1730-1737
2. Aranow WS, Ahn C. Effect of beta blockers on incidence of new coronary events in older persons with prior myocardial infarction and symptomatic peripheral arterial disease. Am J Cardiol. 2001;87(11): 284­1286.