[DATE]

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

We had the pleasure of participating in the care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was hospitalized recently at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hospital.

In our medication review we noticed our patient is not on certain classes of medications that have been shown to be beneficial in reducing morbidity and mortality in patients with peripheral arterial disease.

Statins1, beta-blockers2,3, ACE­-inhibitors4,5 and anti-platelet agents6,7, all have a role in reducing the risk of myocardial infarction, stroke and vascular death.

Accordingly, during the hospitalization, we started our patient on:

* simvastatin 20 mg daily
* metoprolol 25 mg daily
* benazepril 5 mg daily
* aspirin 81 mg daily

For patients with a history of bilateral renal artery stenosis or renal failure, ACE-inhibitors are contraindicated and were not started. We ask for your assistance in monitoring for the side effects of these medications in your future office visits with our patient. As you know, beta blockers may cause bradycardia and postural hypostension. Side effects from ACE-inhibitors include hypotension, renal impairment, angioedema, cough and anaphylactoid reactions. Very rarely, aspirin can cause bleeding. In the case of simvastatin, we have ordered baseline liver function tests today and we ask that you re-check the tests in four to six weeks.

1. Stalenhoef AF. The benefit of statins in non-cardiac vascular surgery patients. J Vasc Surg 2009;49:260-5.

2. 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.

3. 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): 284-1286.

4. The Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin-converting­enzyme Inhibitor, ramipril, on cardiovascular events in high-risk patients. N Engl J Med. 2000;342(3):145-153.

5. Coppola G, Romano G, Corrado, E, Grisanti RM, Novo S. Peripheral artery disease: potential role of ACE-inhibitor therapy. Vasc Health Risk Manag. 2008;4(6): 1439-47

6. Antithrombotic Trialists’ Collaboration. Collaborative meta-analysis of randomized trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients. BMJ. 2002;324: 71-86.

7. Catalano M, Born G, Peto R. Prevention of serious vascular events by aspirin amongst patients with peripheral arterial disease: randomized, double-blind trial. J Intern Med. 2007;261:276-8

This initiative to optimize anti-platelet, ACE-inhibitor, statin and beta-blocker therapy 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