

[DATE]

Dear Doctor,

As you know, <PATIENT NAME [first name] [last name]> was treated at <HOSPITAL NAME [facility ID]> for a myocardial infarction (MI) on <[removal date]>. Even with optimal acute-care management of a MI, patients **remain at high risk for recurrent cardiac events**¹.

The risk of recurrent cardiovascular events can be reduced by 80% with proper adherence to cardiac medications, participation in cardiac rehabilitation and attention to healthy lifestyle². Ontario data shows that up to 50% of MI patients discontinue their cardiac medications by 1-year³; these patients are more likely to have recurrent cardiac events⁴. Numerous other studies indicate that many cases of medication discontinuations are unintentional⁵, suggesting the potential benefit of reminders by physicians.

Despite recommendations that all MI patients participate in cardiac rehab to realize the known benefits for quality of life⁶, Ontario data suggests that less than 40% of MI patients attend cardiac rehab and less than 30% graduate⁷. Evidence suggests that graduates of cardiac rehab programs have the best outcomes⁸.

We need your support to minimize the long-term risk for your patients.

1. **Please continue to refill cardiac medications to reduce long-term risk.** Please provide refills as needed. Remember that if side effects are a concern, these can usually be managed by lowering the dose or by switching to another option in the same class.
2. **Please inquire about daily medication adherence patterns.** Evidence suggests that once-daily dosing options can improve adherence⁹. If it is feasible, instruct your patients to take their pills at the same time, one time each day. If you are uncertain, keep in mind that MI patients should qualify for a 'MedsCheck' and the community pharmacist can consult on this issue and provide other suggestions to make it easier for patients to remember their pills.
3. **Please encourage attending and *graduating* cardiac rehab to maximize risk reduction.** If a referral has not yet been made, we have enclosed a referral form for your patient's local cardiac rehab centre below. Please note that if there are barriers to attendance, flexible programs with a mostly home-based protocol can often be arranged.

Thank you for your help with this and for all that you do for our patients.

Sincerely,

[e-SIGNATURE]

[Doctor Name]

Interventional Cardiologist, ISLAND Program Site Lead [change as appropriate]
On behalf of the entire cardiology team at [HOSPITAL NAME]

References:

1. Circ Cardiovasc Qual Outcomes. 2010 Sep;3(5):53 0-7. 2. BMJ. 2003;326:1419– 1424 3. Can J Cardiol . 2013 Nov;29(11):1408-14. 4. JAMA. 2007 Jan 10;297(2):177-86. 5. J Psychosom Res. 2014 May ;76(5):430-2. 6. Cochrane Database Syst Rev. 2011 Jul 6;(7):CD001800. 7. J Rehabil Med 2007 39:239-245. 8. Eur J Cardiovasc Prev Rehabil. 2009 Feb;16(1):102-13. 9. Am J Manag Care. 2009 Jun 1;15(6):e22-33

For information about this letter, please contact Beth Bosiak at 416-323-6400 x4351 or email via beth.bosiak@wchospital.ca.