Appendix C: Facilitated Relay Letter

Date: XXXX-XX-XX

Dear Dr. [Physician Last Name],

RE: [Patient Name]

As you may recall, your Primary Care Network is involved in a study with the University of Calgary. This is an investigator-initiated study with public funding from the [*Canadian Institutes of Health Research*].

Dyslipidemia is a major risk factor for myocardial infarction and stroke[1-2]. As you know, in patients like [name], statins are indicated for their dyslipidemia because they are proven to reduce cardiovascular outcomes and mortality[3-4]. Because of numerous randomized controlled trials, guidelines recommend statin use in individuals with history of previous cardiovascular disease, diabetes, or chronic renal failure[5].

We are writing to you to consider initiating a statin in your patient. We know the importance of the therapeutic relationship that you have with your patients and know that we do not know your patient like you do. The purpose of this letter is to assist in you in your discussion with [name], about using a statin medication.

[Name] may not be taking a statin because of underestimation of their personal risk of cardiovascular disease, fear of side-effects, previous side-effects, or cost. If cost is a concern, compassionate programs are available for several statin medications. Please kindly call our study telephone number to assist in facilitating this.

The most common side effect from statins is muscle aches, and the frequency of statin-induced rhabdomyolysis is very rare (i.e. < 1 in 10,000 patients per year on statins)[6]. Studies suggest that there are several proven methods for managing people who have experienced muscle aches. For those unable to tolerate daily high intensity statins, some statin is still better than none, and the following strategies can be considered:

1. *Reducing the dose of statin*. i.e. Atorvastatin 10-20mg or Rosuvastatin 2.5-5mg[7].

2. *Trying a low potency statin medication.* Lower potency statins seem to be less strongly associated with muscle aches. Fluvastatin and Pravastatin were much less likely than Simvastatin and Atorvastatin to cause myalgia[8]. For your reference, maximum doses of these low potency statins, and their equivalencies are:

Pravastatin 80mg = Atorvastatin 20mg = Rosuvastatin 10mg
Fluvastatin XL 80mg = Atorvastatin 10mg = Rosuvastatin 5mg

3. *Reducing dose or lengthening administration interval.* Studies have demonstrated that greater than 70% of patients affected by myalgias were able to tolerate every other day administration with no recurrence of muscle symptoms[9].

There is a small chance that your patient may have been misclassified with a statin indicated condition. We sincerely apologize for this and would be most appreciative if you can call or fax us to let us know.

We welcome any questions or comments so please kindly contact us at 403-955-8327 (or fax 403-955-8249), for more information.

Sincerely,
Sonia Butalia MD, FRCPC, MSc and the study team

References

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