

COVID-19 Community of Practice for Ontario Family Physicians

Feb 9, 2024

**Dr. Kieran Quinn
Dr. Michael Kolber**



Long COVID and Lipid Guidelines



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Long COVID and Lipid Guidelines

Co-Moderators:

- Dr. Tara Kiran, Fidani Chair of Improvement and Innovation, University of Toronto and Family Physician, St. Michael's Academic Family Health Team, Toronto, ON
- Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

- Dr. Kieran Quinn, Toronto, ON
- Dr. Michael Kolber, Edmonton, AB

Host:

- Dr. Mekalai Kumanan, Cambridge, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

OurCare held 10 roundtables with members of equity-deserving groups across the country

Conversations were organized in collaboration with community partners and conducted in 8 languages. Here is some of what we heard:

- **Racism and other forms of discrimination** are common experiences
- **Language barriers** are a significant challenge to receiving high quality care
- We need to **expand the healthcare workforce to reflect the diversity of communities**
- **Indigenous models of care** are culturally determined and have always worked
- **Empowering individuals and communities** is part of the solution



Read all 10 Community Roundtable reports and summaries at OurCare.ca/communityroundtables

Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran (DFCM), Dr. Mekalai Kumanan (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Mina Viscardi-Johnson (OCFP), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Kieran Quinn – Panelist

General Internal Medicine and Palliative Care Clinician-Scientist, Sinai Health; General Internal Medicine and Palliative Care, Assistant Professor, Department of Medicine, University of Toronto



Dr. Michael Kolber – Panelist

Professor, Faculty of Medicine & Dentistry - Family Medicine Department, University of Alberta



Dr. Mekalai Kumanan – Host

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Deputy Chief of Family Medicine, Cambridge, ON

Speaker Disclosure

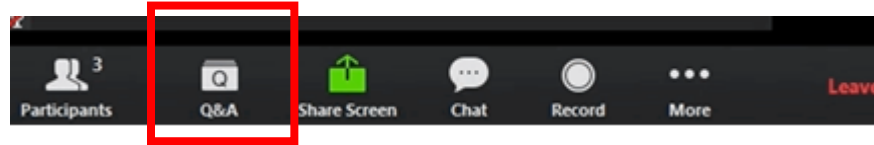
- Faculty Name: **Dr. Kieran Quinn**
- Relationships with financial sponsors:
 - Grants/Research Support: CIHR (grants funding research into Long COVID, co-lead of RECLAIM trial)
 - Speakers Bureau/Honoraria: Public Health Ontario (Assistant Scientific Director of OPHE SAC), Ontario College of Family Physicians
 - Membership on advisory boards: N/A
 - Others: Owned stocks in Merck and BioNTech who manufacture COVID therapies – DIVESTED DECEMBER 2023
- Faculty Name: **Dr. Michael Kolber**
- Relationships with financial sponsors:
 - Grants/Research Support: CIHR (BedMed Study)
 - Speakers Bureau/Honoraria: ACFP, Alberta Health, SRPC, AMA, MEME, AAPCE, PEER North, Peterborough Health, Ontario College of Family Physicians
 - Membership on advisory boards: N/A
 - Others: EMPRSS

Speaker Disclosure

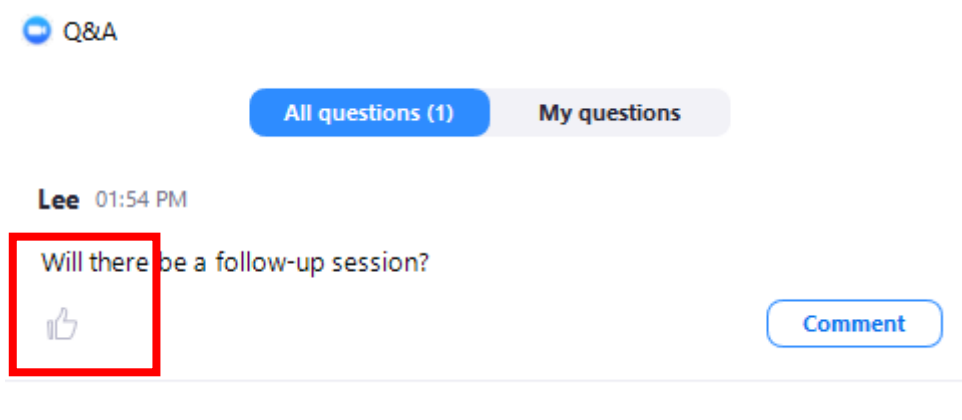
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Deputy Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQO), Canadian Institutes for Health Research (CIHR).Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association, McMaster University, Queen's University, North American Primary Care Research Group.
 - Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael's Hospital Foundation, St. Michael's Hospital Medical Services Association, Women's College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.

How to Participate

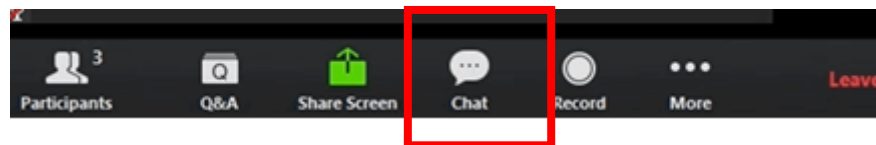
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Kieran Quinn – Panelist

General Internal Medicine and Palliative Care Clinician-Scientist, Sinai Health; General Internal Medicine and Palliative Care, Assistant Professor, Department of Medicine, University of Toronto



Dr. Michael Kolber – Panelist

Professor, Faculty of Medicine & Dentistry - Family Medicine Department, University of Alberta



Dr. Mekalai Kumanan – Host

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Deputy Chief of Family Medicine, Cambridge, ON



Improving care for Canadians living with long COVID

Kieran Quinn MD PhD

Sinai Health System, University
of Toronto

February 9, 2024



UNIVERSITY OF
TORONTO



**~73% of Canadians have been
infected with SARS-CoV-2**

Current Definitions



Post COVID-19 Condition

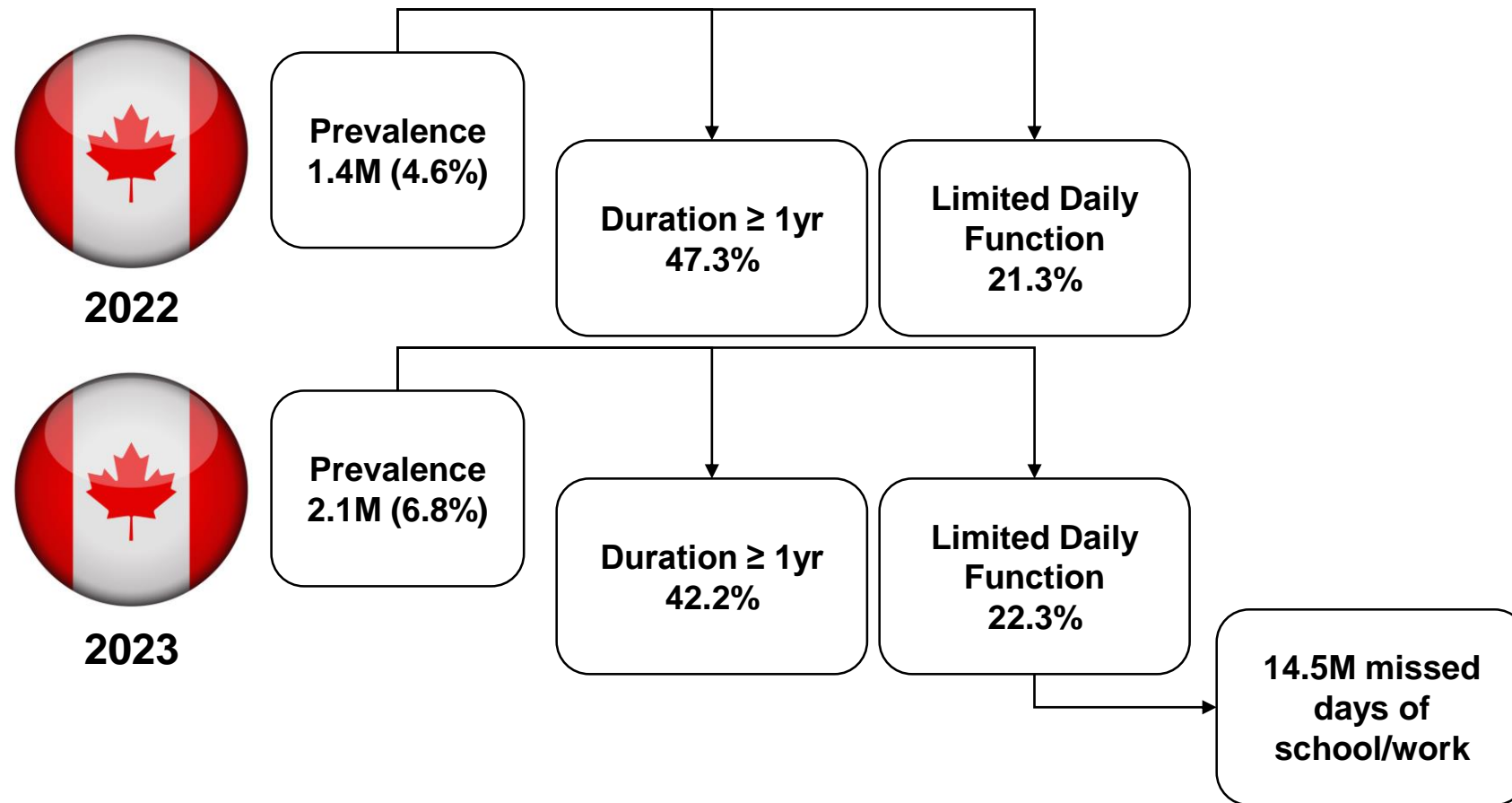
- **Symptoms** occurring ≥ 12 weeks after SARS-CoV-2 infection
- Lasting ≥ 8 weeks
- Not explained by an alternative diagnosis



Post-Acute Sequelae of COVID (PASC)

- Health consequences ≥ 4 weeks after SARS-CoV-2 infection:
 - **Symptoms**
 - Inclusion of **additional chronic conditions** (e.g. heart failure, depression) associated with high future healthcare utilization (**WHO does not include chronic conditions*)

Prevalence and Disability: Canadian COVID-19 Antibody Survey

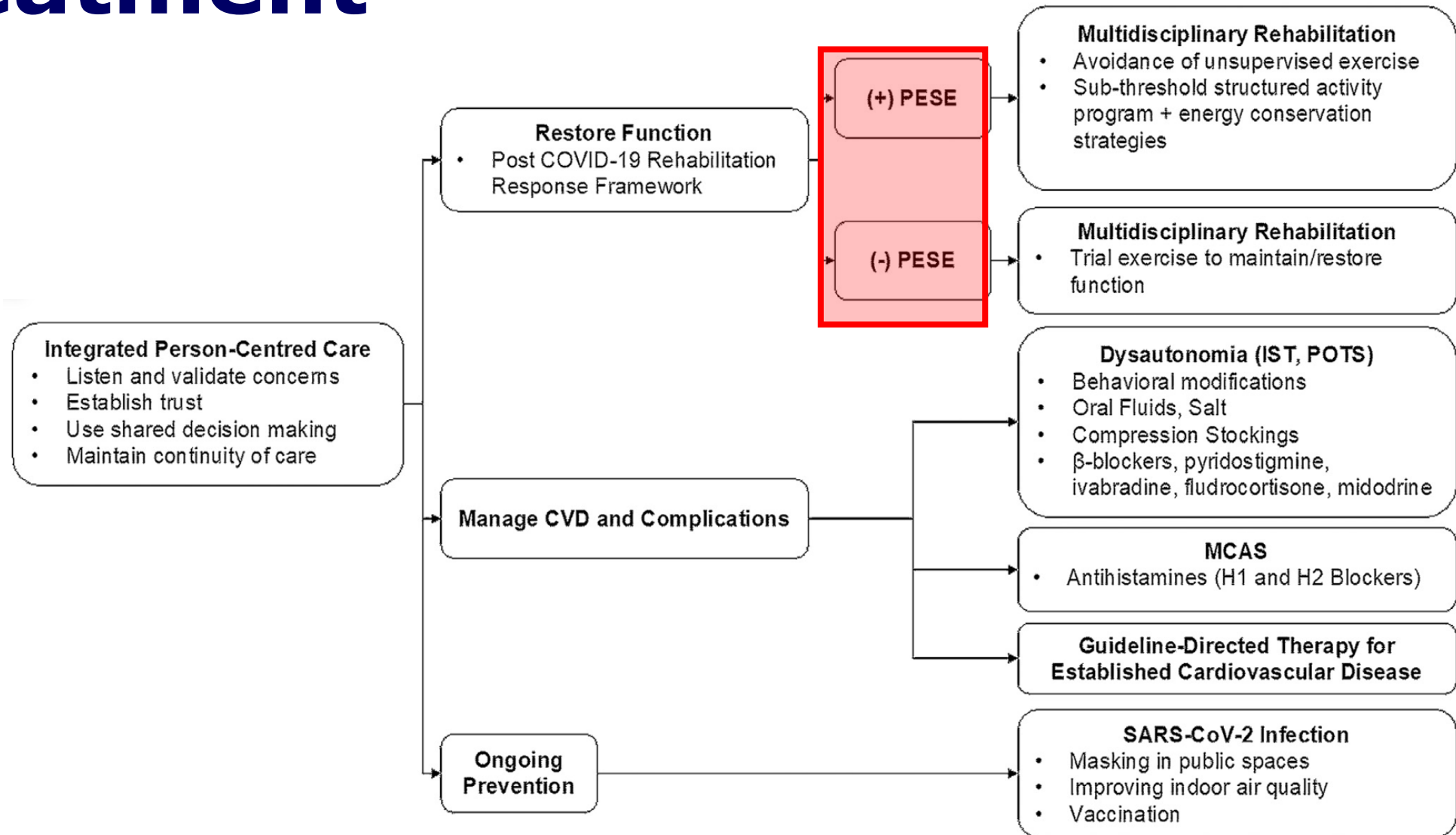


↑ 48% relative increase in prevalence

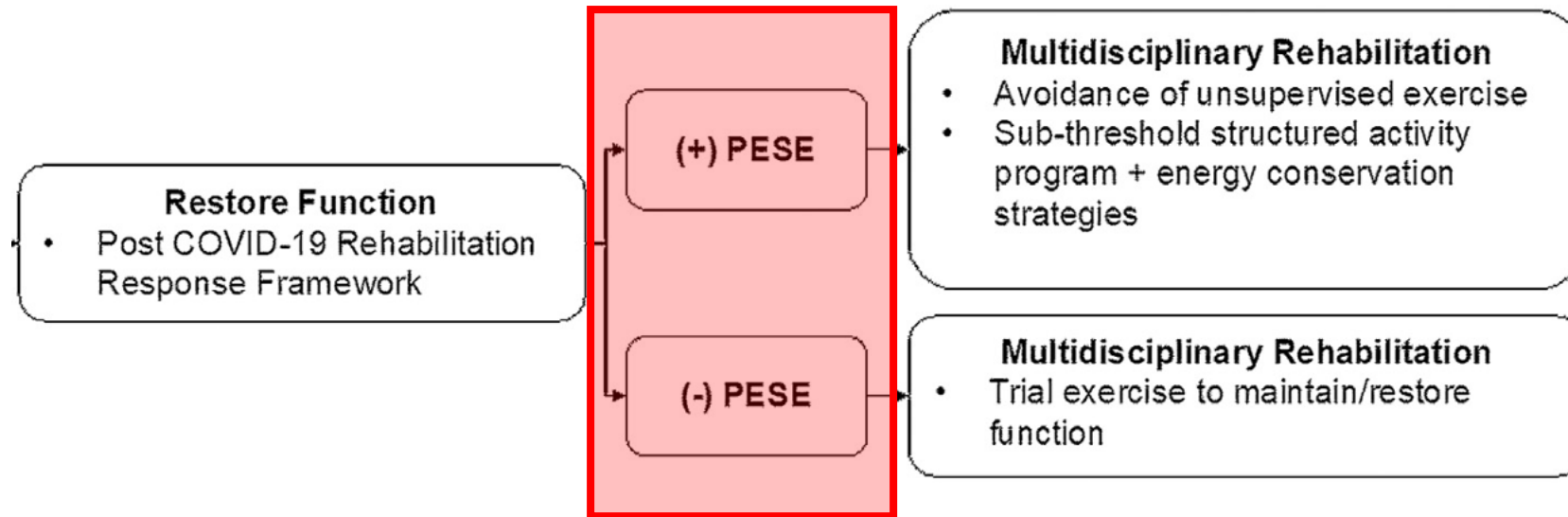
Care Gaps (Access)

- **Minority** of Canadian adults consulted with a healthcare provider (47%)
- **Family physicians** and **nurse practitioners** continue to be their main contact (83%)
- 2 in 3 who needed healthcare services reported **not receiving treatment**, services or support for any of their symptoms.

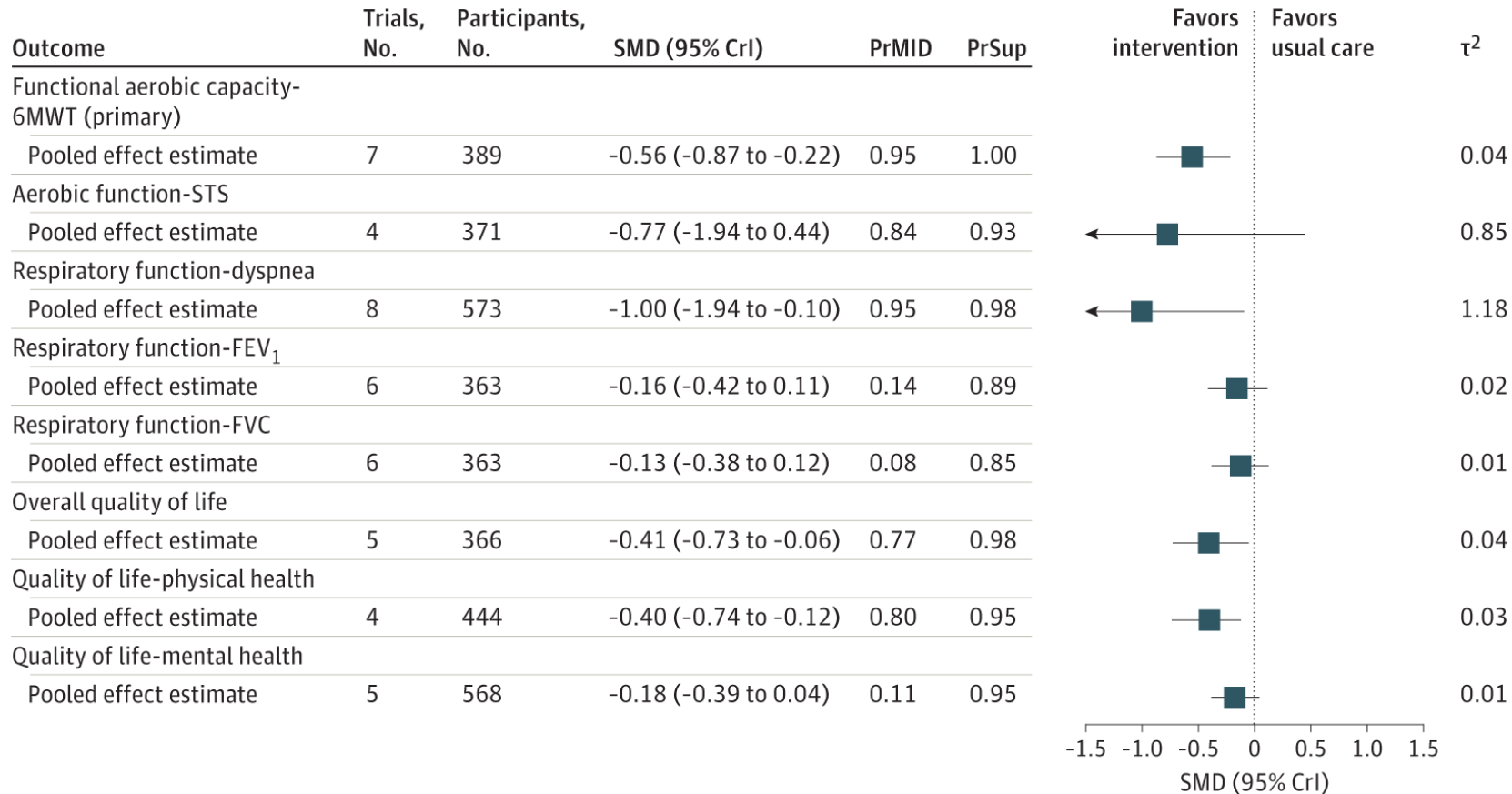
Treatment



Treatment



Treatment (Rehab)



Potential signal of experiencing exercise-induced adverse events (OR 1.68; 95% CrI 0.32-9.94).

Pouliopoulou DV. JAMA Net Open 2023



Cornerstone
PHYSIOTHERAPY

Physiotherapy In Toronto & Beyond

Cornerstone Physiotherapy is among Toronto's most trusted therapeutic health care providers. Our clinics are conveniently located in downtown Toronto, North York and Burlington.

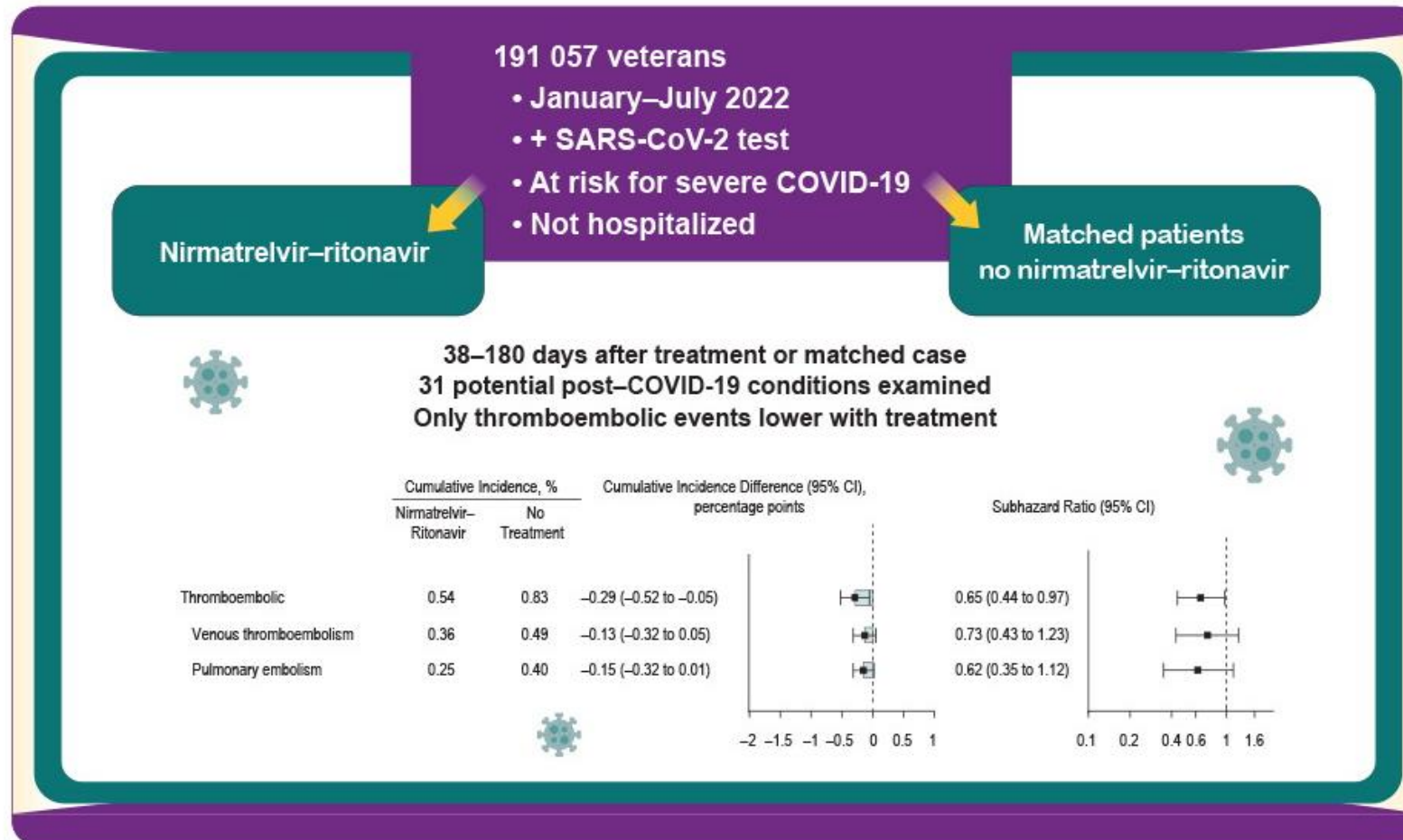
REQUEST AN APPOINTMENT

<https://cornerstonephysio.com/>

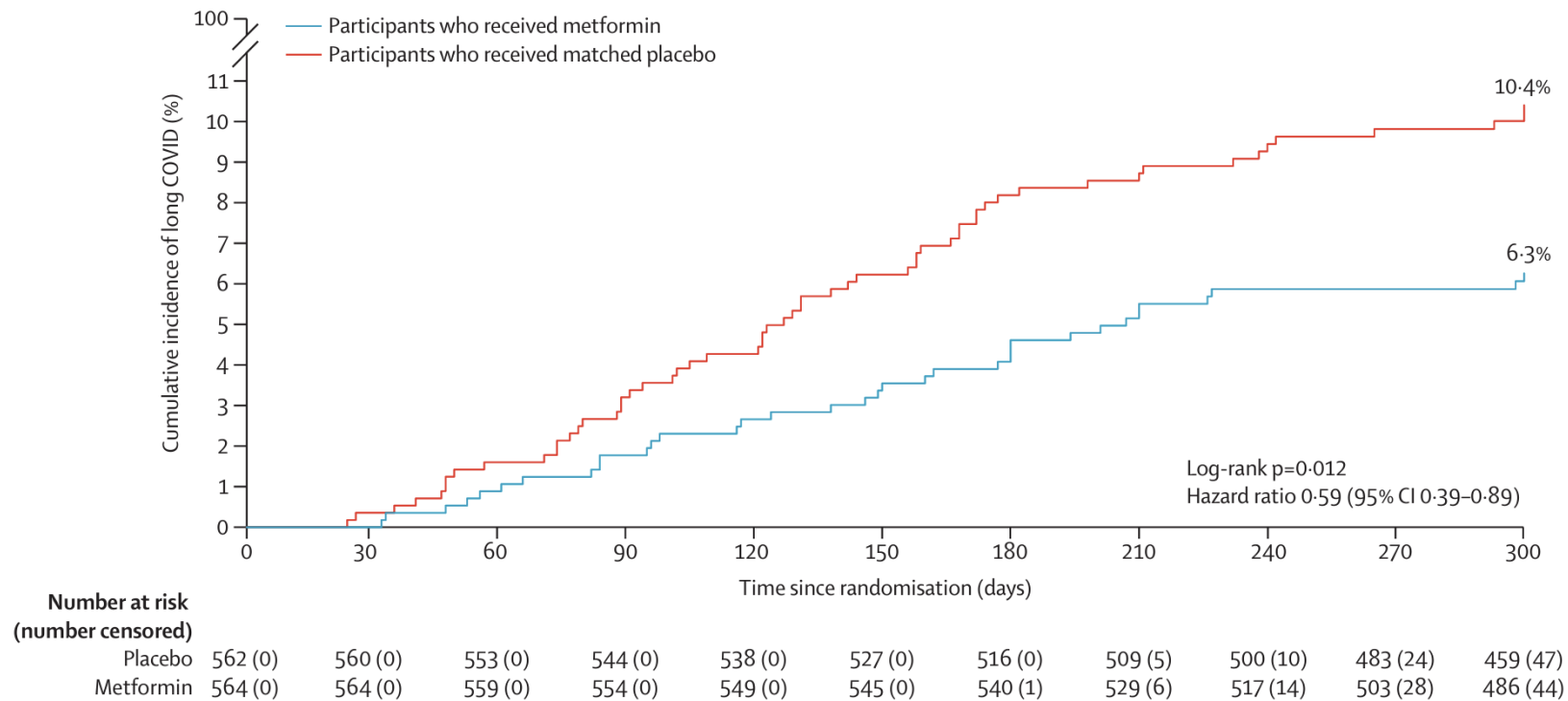
Treatment (Low Dose Naltrexone)

“For people with symptoms of post-COVID-19 condition, do not use naltrexone outside of randomised trials with appropriate ethical approval.”

Prevention (Paxlovid)



Prevention (Metformin)



Advice on Disability

- Be confident in assigning a diagnosis of post COVID-19 condition
- Identify patient as disabled (unable to perform any combination of duties that regularly took at least 60% of their time at work)
- Question validity of assessment tools (suggest Post COVID Functional Scale)
- Quote other jurisdictions (USA)

Advice on Disability

In the United States, long COVID is recognized as a disability under Titles II (state and local government) and III (public accommodations) of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973 (Section 504), and Section 1557 of the Patient Protection and Affordable Care Act (Section 1557) when it substantially limits one or more major life activities.

Ongoing Research



RECLAIM | RECOVERING FROM COVID-19
LINGERING SYMPTOMS ADAPTIVE
INTEGRATIVE MEDICINE

<https://www.reclaimtrial.ca/>



DEFEND
paxloviD Effectiveness For
the prEvention of loNg coviD



CanTreatCOVID
Canadian Adaptive Platform Trial of Treatments
for CCOVID in Community Settings

<https://cantreatcovid.org/>

A double blind randomized trial of
low-dose naltrexone for post-covid
fatigue syndrome

Nacul, Luis | \$742,331
British Columbia B.C. Women's Hospital 2021 CIHR Operating Grant

Ongoing Research



CAN-PCC

CANADIAN GUIDELINES FOR
POST COVID-19 CONDITION

<https://canpcc.ca/home/>

Ontario launches fee code for doctors treating long COVID and one researcher says 'it's a big deal'



Advocates say move is crucial first step to better understanding, treating and destigmatizing growing problem



[Liam Casey and Allison Jones](#) · The Canadian Press ·

Posted: Jan 27, 2023 1:44 PM EST | Last Updated: January 27

- **Diagnostic Code 081**
- **Enables identification and tracking of health services delivery at population level**
- **Supports physician-validated diagnosis with applications to disability support**

Resources

Title	Organization	Last updated
Clinical Summary of CMAJ Guidance (https://ontariofamilyphysicians.ca/wp-content/uploads/2023/09/long-covid-in-adults.pdf)	OCCFP	January 2023
COVID-19 RecMap (https://covid19.recmap.org/)	Cochrane Canada	January 2024
Post COVID-19 Condition (https://tools.cep.health/tool/covid-19/#post-covid-19-condition)	Centre for Effective Practice (CEP)	January 2024
Clinical management of COVID-19: Living guideline (https://www.who.int/publications/i/item/WHO-2019-nCoV-clinical-2023.2)	World Health Organization (WHO)	August 2023
COVID-19 rapid guideline: managing the long-term effects of COVID-19 (https://www.nice.org.uk/guidance/ng188)	NICE Guideline, UK	January 2024

Resources

Title	Organization	Last updated
Canadian Guidelines for Post COVID-19 Condition (https://canpcc.ca/home/)	McMaster and the Public Health Agency of Canada	January 2024
Long COVID Web (www.longcovidweb.ca)		Not indicated
Use of diagnostic code 081 for Post COVID-19 Condition (https://www.ontario.ca/document/ohip-infobulletins-2023/bulletin-230102-new-diagnostic-code-post-covid-19-condition)	OHIP Info Bulletin	January 2023
For Patients		
Resources for patients and families. Long Covid-19: Tips for Recovery (https://guides.hsict.library.utoronto.ca/c.php?g=716817&p=5171775)	UHN	December 2023
Living with Post-Covid-19 Symptoms (http://www.phsa.ca/health-info/post-covid-19-care-recovery)	BC Provincial Health Services Authority	Not indicated

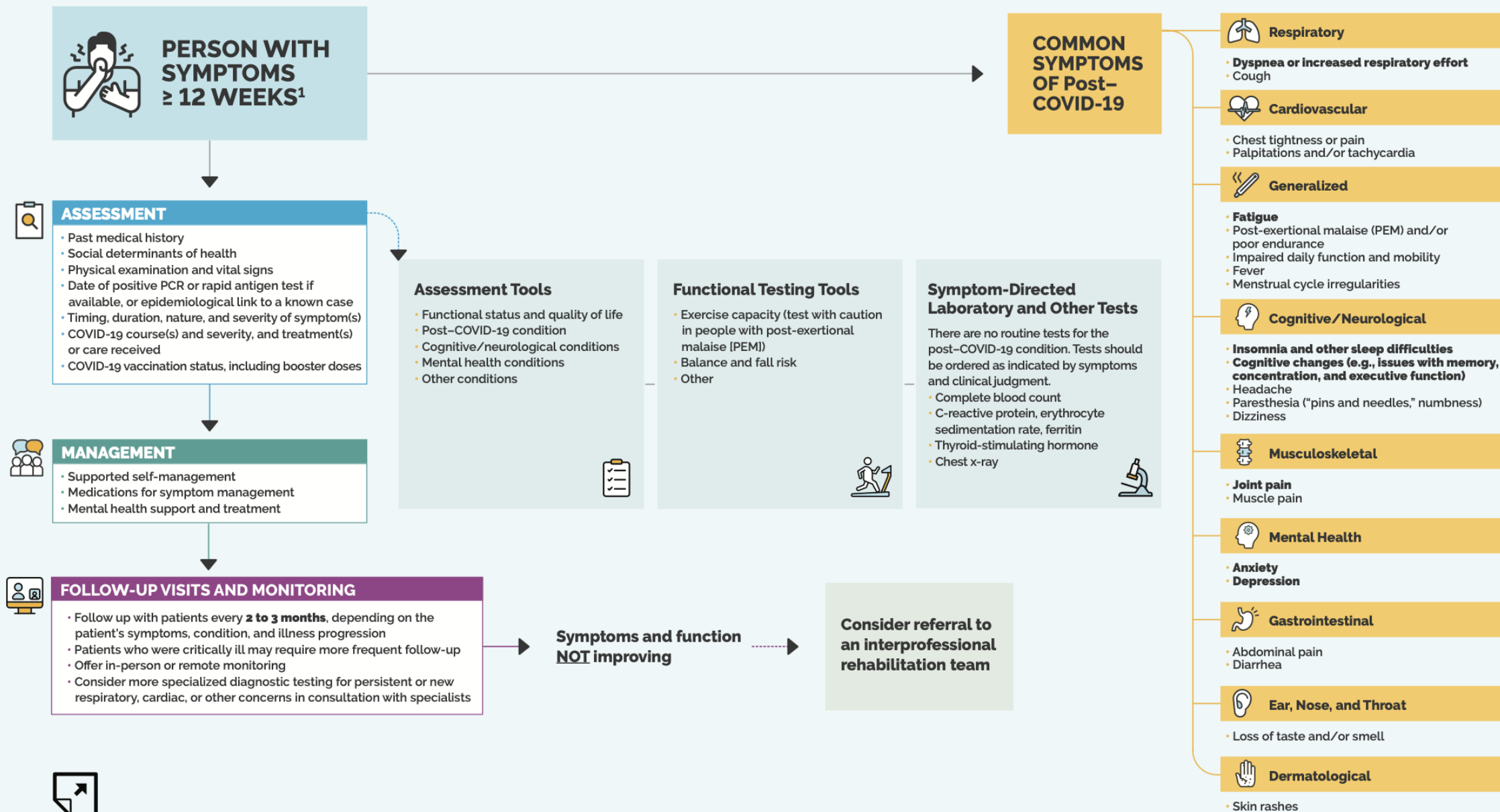
Summary

- Post COVID-19 condition is a common and disabling condition.
- Primary care remains the foundation, but a broader provincial strategy is needed to improve access and supports.
- Screen for post-exertional malaise/symptom exacerbation.
- Several pharmacologic treatments hold promise but their current use should be restricted to RCTs.

Acknowledgements

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- Amol Verma
- Nahrain Warda

Post-COVID-19 Condition: Guidance for Primary Care



See next page
for more information

Resources



11 Different COVID-19 related BASE™ Managed Specialty Groups are available province-wide:

- COVID-19 & Infectious Diseases
- COVID-19 Vaccine – Public Health
- COVID-19 Vaccine – Allergy/Immunology
- COVID-19 and Respiriology
- COVID-19 and Autoimmune Disorders
- COVID-19 and Pregnancy
- Post-COVID Condition – Chronic Fatigue Syndrome, Environmental Health Group
- Post-COVID Condition – Internal Medicine
- Post-COVID Condition – Neurology
- Post-COVID Condition – Physical Medicine & Rehabilitation
- Post-Covid Condition – Respiratory Recovery Group

Long COVID Web

A network of networks supporting and conducting research into Post-COVID Condition (PCC)

Vision: Canada without PCC

Mission:

- 1) **Accelerate** the discovery and validation of Canadian-led science in PCC.
- 2) **Activate** a learning health system that prioritizes the needs of individuals with PCC.
- 3) **Identify** the best therapeutics and practices, and accelerate equitable access to PCC care.
- 4) **Maintain** rigorous surveillance of the impact of PCC.



www.longcovidweb.ca



info@longcovidweb.ca



Join Long COVID Web

Expansion of Interprofessional Primary Care Teams

- The Ontario College of Family Physicians has been leading calls, with our partners for all family doctors, regardless of payment model, to have access to team support.
- In 2023, government announced an expression of interest process for the expansion of interprofessional primary care teams across Ontario with \$30 million in funding available. More than 300 proposals were put forward.
- Last week, the Ontario Government announced it is tripling its initial investment to support the expansion of interprofessional primary care teams across Ontario to \$90 million. An additional \$20 million will go to support existing teams to help meet operational costs.
- While there is much more work to do, this announcement is a positive step forward.

Discover

peerevidence.ca

The PEER Simplified Lipid Guideline

2023 Update

A simplified approach to lipid management for busy family doctors!

Read the
guideline today!



Mike Kolber MD CCFP MSc
Community of Practice Feb 2024

PEER Simplified Guideline Principles



- *By Primary Care for Primary Care*
 - Evidence-based
 - Patient orientated outcomes
 - Simplified
- Focus on Primary Prevention, Shared Decision Making
- GRADE/Institute of Medicine
- Evidence team separate from guideline panel
- No financial COIs

PEER simplified lipid guideline 2023 update

Prevention and management of cardiovascular disease in primary care

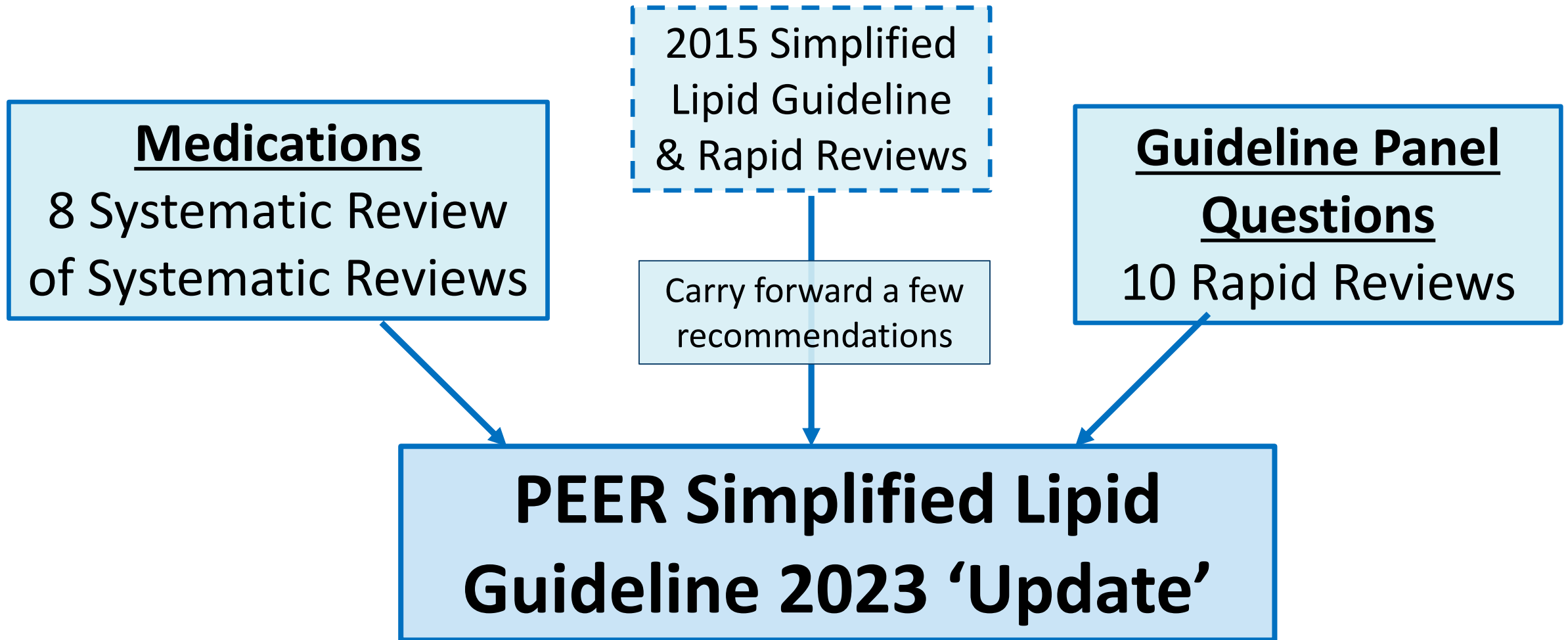
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Jen Potter MD CCFP Justin Weresch MD CCFP Adrienne J. Lindblad PharmD ACPR

Lipid-lowering therapies for cardiovascular disease prevention and management in primary care

PEER umbrella systematic review of systematic reviews

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What goes into Evidence-Based Guideline Update?



Cholesterol Testing Recommendations

- When reassessing CVD risk in patients not taking lipid-lowering therapy, we suggest reassessing lipids **no more than every 5 years and preferably 10**, unless risk factors change.
- We recommend **against** the use of repeat lipid testing and cholesterol targets after a patient begins lipid-lowering therapy.
- We suggest **against** adding CAC scores to CVD risk assessment.
- We recommend **against** using Lp(a) or apoB to determine a patient's CVD risk.

What about ancillary tests to assess CVD risk?

- Risk Calculators are ~0.75 at prediction (Area-Under-the Curve - AUC)
 - AUC Changes: Large ≥ 0.1 , Moderate 0.05-0.1, Small 0.025-0.05, Very Small < 0.025

Lipoprotein (A)

- Adding to risk calculation AUC 0.0017 – 0.004
- Alone: RR 1.00-2.21

Apolipoprotein B

- Adding to risk calculation AUC 0.002-0.02
- Alone: RR 1.03-2.87

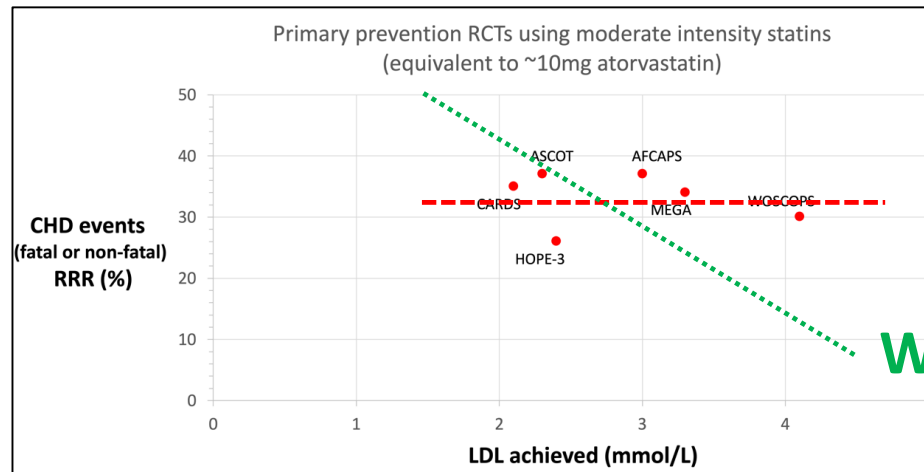
Coronary Artery Ca+ Score

- Alone: AUC 0.70-0.77
- Adding to risk calculation: AUC 0.036-0.05 better
- RCTs coming

Adding Lp(a) Apo(B) or CAC to traditional risk factor calculators results in very small to small improvements in prediction

Why Simplified Guidelines do not recommend treating to target

1. Statin RCTs: use fixed dose statins (fire and forget)
2. Attained LDL levels are not associated with lower CHD



What it is

What it should be

3. Some RCTs didn't even enroll for lipids:
 - ASCOT: enrolled hypertensives
 - Jupiter: enrolled on CRP

Why Simplified Guidelines do not recommend treating to target

4. Other have similar recommendations: USPSTF¹, Veterans²
5. Those that recommend targets acknowledge lack of evidence:
 - **CCS 2021:**³ *“no clear target to which LDL-C or non HDL-C or ApoB levels should be lowered is clearly identified in RCTs.”*
 - **ESC/EAS 2019:**⁴ *“aware of the limitations ... of evidence and accepts that RCTs have not examined different LDL-C goals systematically...”*
6. Hitting targets not possible for many:
 - ~50% not at LDL target on max statin therapy⁵
7. Basing treatment on risk (vs lipids) maximizes benefits
 - Patients with low LDL but higher risk not missed.

Why Simplified Guidelines do not recommend treating to target

8. New RCT evidence (LODESTAR): first RCT directly comparing treat to target versus fixed dose statin. At 3 years:

- MACE: 8.3% target, 8.5 fixed dose statin
- Mortality: 2.5% each

9. Simple: less testing for patients, less labs for us, less cost (labs and temptation for escalating medications)

PEER Simplified Lipid Guideline 2023: Summary

Simplified approach

Shared decision making

Reduce unnecessary testing

Drug	Systematic Reviews	Patients
Bile Acid Sequestrants	(4 RCTs)	53-3,806
Ezetimibe	3	18,921-23,499
Fibrates	3	16,112-46,099
Niacin	5	34,294-39,195
Omega-3s (DHA+EPA)	7	65,819-149,051
EPA (e.g. icospent)	2	8,179-18,645
PCSK-9 inhibitors	26	6,281-97,910
Statins	30	625-192,977

Medicines
 We included
76 Systematic
 Reviews
 (+4 RCTs)

Outcomes for lipid lowering agents: Overall (1' + 2' prevention)

Intervention	MACE	All-cause mortality
	Median RR (stat sign/N)	Median RR (stat sign/N)
BAS	0.83 (0/3 RCT)	XX (0/3 RCT)
Ezetimibe	0.93 (3/3 SR)	0.94 (0/2 SR)
Fibrates	0.86 (2/2 SR)	0.98 (0/3 SR)
Niacin	0.93 (0/2 SR)	1.04 (0/4 SR)
Omega-3s (EPA+DHA)	0.98 (0/3 SR)	0.98 (0/2 SR)
EPA only	0.78 (1/1 SR)	0.97 (0/2 SR)
PCSK9 Inhibitors	0.84 (14/14 SR)	0.93 (1/17 SR)
Statins	0.74 (6/6 SR)	0.91 (6/8 SR)

Outcomes for lipid lowering agents

Intervention	MACE		All-cause mortality	
	Median RR (stat sign/N)		Median RR (stat sign/N)	
BAS				
Ezetimibe				
Fibrate				
Niacin				
Omega-3				
EPA on				
PCSK9 Inhibitors	0.84 (14/14 SR)		0.93 (1/17 SR)	
Statins	0.74 (6/6 SR)		0.91 (6/8 SR)	

Primary Prevention

	MACE	All-Cause Mortality
Statins	0.75 (6/6 SR)	0.91 (4/8 SR)

Medication Recommendations

Statin Intensity			
Statin (mg)	Low	Moderate	High
Atorvastatin	5	10-20	40-80
Pravastatin	10-20	40-80	-
Rosuvastatin	2.5	5-10	20-40
Simvastatin	5-10	20-40	-

Primary prevention patients

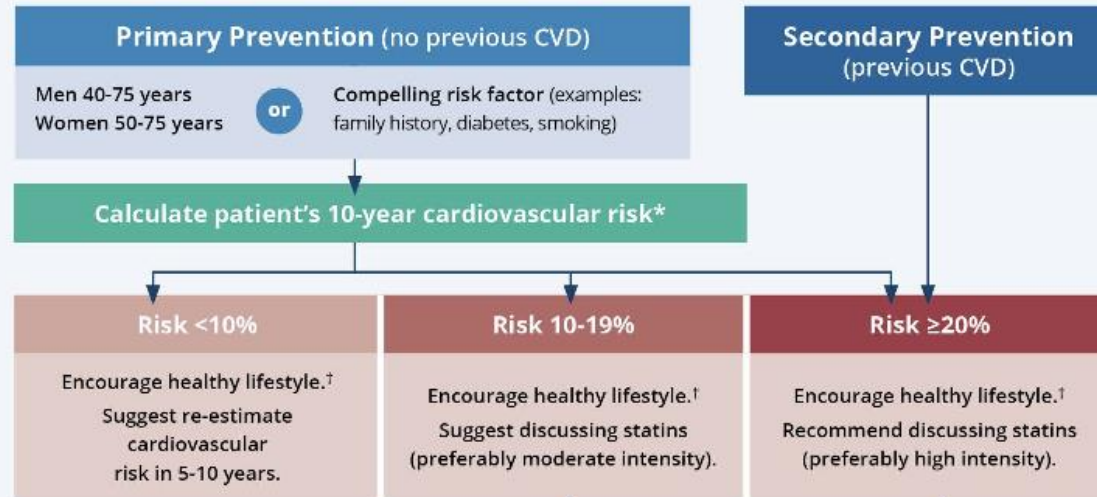
- 10-y CVD risk of $> 20\%$, recommend discussing statins (high-intensity)
- 10-y CVD risk of 10-19%, suggest discussing statins (moderate-intensity)
- Recommend against non-statin drugs (monotherapy or combined with statins)

Secondary prevention patients

- Recommend, discuss and encourage high-intensity statin.
- If additional CVD risk reduction desired, recommend discussing ezetimibe or PCSK9.
 - Due to potential harms (AFib, bleeding), consider icosapent after above.

Treatment Algorithm

(Excludes familial hypercholesterolemia)



* Risk levels based on Framingham, the only 10-year calculator validated in Canada.

† Lifestyle includes smoking cessation, physical activity and the Mediterranean diet

CVD = cardiovascular disease

EPA = eicosapentaenoic acid

PCSK9 = proprotein convertase subtilisin-kexin type 9

Statin Intensity

Statin (mg)	Low	Moderate	High
Atorvastatin	5	10-20	40-80
Pravastatin	10-20	40-80	-
Rosuvastatin	2.5	5-10	20-40
Simvastatin	5-10	20-40	-

For secondary prevention, if additional cardiovascular risk reduction is desired beyond maximum statin dose:

- Recommend discussing ezetimibe or PCSK9 inhibitors.
 - Due to adverse events, suggest EPA ethyl ester (icosapent) only after ezetimibe or PCSK9 inhibitor considered.

Benefit of Statin Therapy

Sample Patient, CVD Risk over 10 years	Statin Option	Relative Risk Reduction	Absolute Risk Reduction	New 10 year Risk on Therapy
20%	Moderate Intensity	25%	5%	15%
	High Intensity	35%	7%	13%

Who to screen and when

Everyone gets Lifestyle

Everyone gets Risk Estimated

Risk <10%, repeat in 5-10 yrs

Risk 10-19%, offer mod statin

Risk ≥20%, offer high statin

On statin: No further lipid test or CK or ALT unless indicated

Potency and benefits

Lipid Lowering Agents

Drug	Prescribing Considerations	CVD Relative Risk Reduction	90-day cost ¹
Statins	<ul style="list-style-type: none"> The only lipid lowering agent that decreases all-cause mortality. Muscle symptoms in first year: 15% versus 14% placebo. Do not worsen cognition or dementia. 	25-35%	\$30-50
Ezetimibe	<ul style="list-style-type: none"> Mostly studied when added to statins in secondary prevention. Well tolerated; 10mg daily. 	7%	\$30-45
PCSK9 inhibitors	<ul style="list-style-type: none"> Mostly studied when added to statins in secondary prevention. Injection site reactions: 3.5% versus 2.1% placebo. Subcutaneous injections q 2 weeks: Alirocumab 75-150mg or evolucumab 140mg. 	~15%	\$1500-2400
Fibrates	<ul style="list-style-type: none"> Increase serum creatinine (2-11% more than placebo), pancreatitis (~0.1% more), altered liver function tests (~5% more); example: fenofibrate. 	0-14%*	\$60-150
EPA ethyl ester (icosapent)	<ul style="list-style-type: none"> Mostly studied when added to statins. Atrial fibrillation (5.3% versus 3.9% placebo), serious bleeds (2.7% versus 2.1% placebo); 2g BID. 	~20%	\$1000

* 0% if added to statins; up to 14% if not on a statin

¹RxFiles PEER/ACFP Pricing Document

EPA = eicosapentaenoic acid; CVD = cardiovascular disease

Management of Muscle Symptoms Related to Statins

Out of 100 patients on statins, 15 report muscle symptoms, but only 1 is due to statins



If a patient does not tolerate a statin, discuss statin rechallenge

OPTIONS

Same statin at same dose

Lower dose or intensity

Different statin

Alternate day dosing

If a patient is unable to tolerate or unwilling to try a re-challenge

PRIMARY PREVENTION

Suggest against non-statin lipid lowering therapy

SECONDARY PREVENTION

Suggest discussing ezetimibe, fibrate, PCSK9 inhibitor or EPA ethyl ester (icosapent)

FAQ & Helpful Resources

Q: Why do PEER guidelines recommend against targeting LDL levels?

A: The vast majority of clinical trials have prescribed fixed statin doses based on CVD risk. Best evidence suggests both strategies (targeting LDL levels or using statins at proven doses) are similarly effective in reducing CVD risk. Targeting cholesterol levels is more complex than use of proven doses. A simplified approach of using proven doses reduces the burden of unnecessary testing for both patients and health professionals. Read more about this issue in the guideline.

Q: Which cardiovascular decision aid should I use?

A: There are many cardiovascular risk calculators. The Framingham model has been validated in Canada. [The PEER Cardiovascular Decision Aid](https://decisionaid.ca/cvd/) (<https://decisionaid.ca/cvd/>), based on Framingham, has been created for this guideline.

Q: How can I help patients with positive lifestyle changes?

A: Encourage smoking cessation. Providing [exercise prescription](#) and information about the [Mediterranean diet](#) may be helpful.



[RXFILES EXERCISE PRESCRIPTION](#)



[MEDITERRANEAN DIET](#)

Benefits, Adverse Effects and Costs and some evidence

Risk of muscle symptoms on statins and what to do

Frequently asked questions & QR code links to resources

PEER Simplified Lipid guideline 2023 Summary

- Lipid measurement with CV risk assessment (5-10 years)
- Lifestyle for all: Physical activity, Mediterranean diet
- Target your Treatments: statins for primary and secondary prevention
- Secondary prevention: Ezetimibe, PCSK9 if wish for additional risk reduction
 - Icosapent only if others explored (due to AF and bleeding)
- Older adults:
 - 1' prevention: against lipid testing/assessment, routine statin initiation >75 years
 - Don't stop @ 75 years, just because age
 - 2' prevention: discuss benefits (even >75 years)
- Shared Decision Making: clinical decision aid: <https://decisionaid.ca/cvd/>



Sign Up for the PEER Newsletter

Don't miss out on the latest from PEER. Get first access the latest PEER research and notified when PEER releases new guidelines and tools.

Enter peerevidence.ca/newsletter or scan QR Code to join.

Updated PEER Simplified Decision Aid

Shared Decision Making

PEER

Simplified Cardiovascular
Decision Aid

FAQ

Languages:

English (EN) ▼

1. Estimate your risk

Where do you live?

How old are you? 53 years

What is your sex? ☒ Male ☐ Female

Do you currently smoke? ☒ No ☐ Yes

Do you have diabetes? ☒ No ☐ Yes

What is your systolic blood pressure? 130 mmHg

Do you take medications for blood pressure? ☒ No ☐ Yes

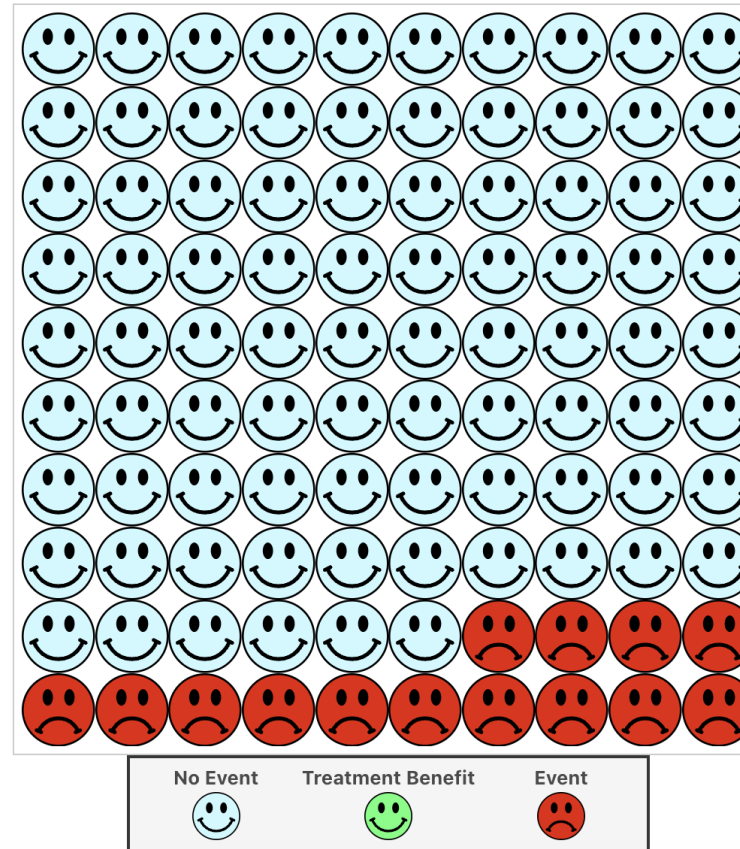
What is your total cholesterol? 6.5 mmol/L

What is your HDL cholesterol? 1.2 mmol/L

Wondering why family history is not included?
Please see the [FAQ](#)

10-year risk of cardiovascular disease
(heart attack, angina, heart failure, stroke, or intermittent claudication)

Your risk 13.5% With treatment 13.5%



2. Choose your treatments

Lifestyle options

☐ Mediterranean diet

☐ Physical activity

Medication options (only select one)

These options have clear and direct
evidence for primary prevention

☐ Statin (low to moderate dose)

☐ Statin (high dose)

☐ Single blood pressure medication
(thiazide, ACEI/ARB, or CCB)

Non-statin options not recommended for primary prevention in our guideline

☐ Ezetimibe

☐ PCSK9 inhibitor

☐ Fibrates

Print

EMR Note/Share Link

**PEER Simplified Lipid
Guidelines**

1. Estimate your risk

Where do you live?

Canada (Framingham) ▼

How old are you?

53 years

What is your sex?

☒ Male ☐ Female

Do you currently smoke?

☒ No ☐ Yes

Do you have diabetes?

☒ No ☐ Yes

What is your systolic blood pressure?

130 mmHg

Do you take medications for blood pressure?

☒ No ☐ Yes

What is your total cholesterol?

6.5 mmol/L

What is your HDL cholesterol?

1.2 mmol/L

Wondering why family history is not included?

Please see the [FAQ](#)

10-year risk of cardiovascular disease
(heart attack, angina, heart failure, stroke, or intermittent claudication)

Your risk 13.5% With treatment 7.1%



2. Choose your treatments

Lifestyle options

☐ Mediterranean diet

[Mediterranean diet resource](#)

☐ Physical activity

[Physical activity prescription](#)

Medication options (only select one)

These options have clear and direct evidence for primary prevention

☐ Statin (low to moderate dose)

☐ Statin (high dose)

☐ Single blood pressure medication
(thiazide, ACEI/ARB, or CCB)

Non-statin options not recommended for primary prevention in our guideline

☐ Ezetimibe

☐ PCSK9 inhibitor

☐ Fibrates

Print

EMR Note/Share Link

PEER Simplified Lipid

64

1. Estimate your risk

Where do you live?

Canada (Framingham)

How old are you?

53

 years

What is your sex?

Male

Female

Do you currently smoke?

No

Yes

Do you have diabetes?

No

Yes

What is your systolic blood pressure?

130

 mmHg

Do you take medications for blood pressure?

No

Yes

What is your total cholesterol?

6.5

 mmol/L

What is your HDL cholesterol?

1.2

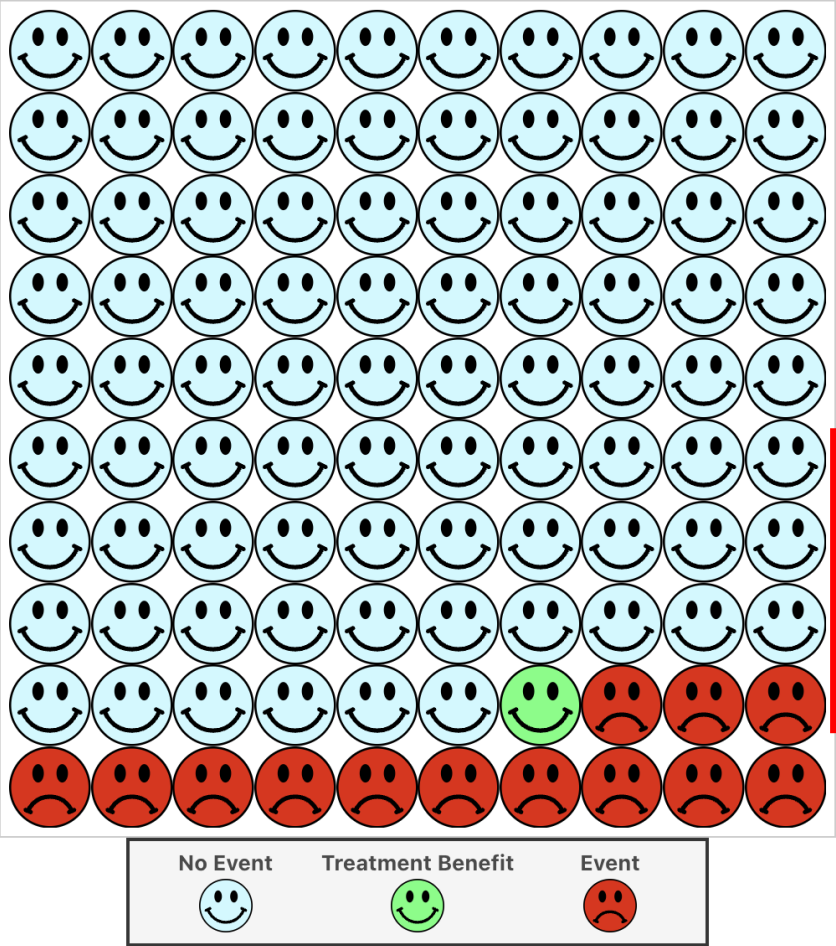
 mmol/L

Wondering why family history is not included?

Please see the [FAQ](#)

10-year risk of cardiovascular disease
(heart attack, angina, heart failure, stroke, or intermittent claudication)

Your risk 13.5% With treatment 12.8%



Ezetimibe has minimal evidence in primary prevention
(risk reduction from secondary prevention trial used)

2. Choose your treatments

Lifestyle options

☐ Mediterranean diet

☐ Physical activity

Medication options (only select one)

These options have clear and direct evidence for primary prevention

Statin (low to moderate dose)

Statin (high dose)

Single blood pressure medication (thiazide, ACEI/ARB, or CCB)

Non-statin options not recommended for primary prevention in our guideline

☐ Ezetimibe

PCSK9 inhibitor

Fibrates

- Risk of side effects over placebo: None
- 90-day cost: \$30-\$50
- Routine: One pill once a day

Print

EMR Note/Share Link

PEER Simplified Lipid

Patient Handout

Lipid guidelines

What can I do to lower my risk?



Stop smoking: This is likely the best thing you can do for your health. If you need help, talk to a healthcare provider.



Eat a Mediterranean diet: This diet typically includes lots of vegetables, fruits, Fish, nuts, and olive oil.



Increase physical activity: Find an activity you enjoy and can stick with! One type of physical activity is usually not better than another.



Consider medicines: Based on your risk, your healthcare provider may suggest a statin (e.g., atorvastatin and rosuvastatin).

Healthy Patients & Cholesterol Management: Frequently Asked Questions

For people who have not had a heart attack or stroke

Your cholesterol is one of many known risk factors for heart attack or stroke. Other risk factors include age, sex, smoking, blood pressure, and other conditions such as diabetes.

How often should I have my cholesterol checked?

Your cholesterol changes slowly, about one percent every year, so we don't need to check your cholesterol more than every 5 to 10 years. If you are taking a medicine called a statin, you don't need to recheck your cholesterol. Statins help prevent heart attacks and strokes no matter what your cholesterol is.

Health care providers used to check cholesterol every year. They now use cholesterol as one part of your overall risk of having a heart attack or stroke.

What is my risk of having a heart attack or stroke?

Use [this link](#) to the PEER Cardiovascular Decision Aid and talk to your health care provider



What can I do to lower my risk?



Stop smoking: This is likely the best thing you can do for your health. If you need help, talk to a healthcare provider.



Eat a Mediterranean diet: This diet typically includes lots of vegetables, fruits, Fish, nuts, and olive oil.



Increase physical activity: Find an activity you enjoy and can stick with! One type of physical activity is usually not better than another.



Consider medicines: Based on your risk, your healthcare provider may suggest a statin (e.g., atorvastatin and rosuvastatin).

How well do statins work?

Statins may lower the risk of heart attacks and strokes by 25 percent. For example, if your 10-year risk of having a heart attack or stroke is 20 percent, a statin can lower your risk to 15 percent. Statins are the only cholesterol medicine that may lower your risk of dying. Statins are generally well tolerated. Some patients report muscle pains; however, muscle pains occur as often with a placebo (a pill that contains no medicine) as they do with statins.

If you have questions about this information, go to the PEER cardiovascular decision aid or talk to your healthcare provider.

The information provided in this pamphlet is based on recommendations from the 2023 PEER Simplified Lipid Guideline Update.

Toronto Public Health Community Vaccination Clinics for Pediatric COVID-19 Vaccinations and School Vaccinations

Toronto Public Health has launched community vaccination clinics to help school-aged children catch up on their routine immunizations and avoid suspension, and to provide **COVID-19 vaccinations to children five years of age and under** and Novavax vaccines for residents 12 years of age and older who are unable (due to allergies) or unwilling, to get an mRNA vaccine.

- **Clinics are by appointment only, and are open Tuesdays, Wednesdays, and Thursdays from 12:30 p.m. to 6:30 p.m.** for the rest of the school year at the following locations:
 - Etobicoke Civic Centre: 399 The West Mall
 - Scarborough Civic Centre: 150 Borough Drive
 - North York Civic Centre: 5100 Yonge Street
 - **To book an appointment for school catchup vaccination:** [Toronto Public Health Appointment Booking System – City of Toronto](#)
 - **To book an appointment for pediatric COVID-19 vaccination:** [Toronto Public Health - COVID-19 Immunization Clinics \(frontdesksuite.ca\)](#)
- The clinics will offer vaccines under the Province of Ontario's [Immunization of School Pupils Act \(ISPA\)](#) and [Student Immunization Program \(SIP\)](#); Hep B, HPV, Diphtheria, Tetanus, Polio, Measles, Mumps, Rubella, Meningococcal, Pertussis, and Varicella (if born in 2010 or later).
- In the coming weeks, clinic offerings will expand to include weekends, PA days and weekend appointments.

<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/immunization/toronto-public-health-appointment-booking-system/>
<https://reservation.frontdesksuite.ca/tph/novavaxclinics/Home/Index?Culture=en&PageId=88845c5d-2a2f-4673-a668-a849beb7a3e2&ShouldStartReserveTimeFlow=False&ButtonId=00000000-0000-0000-0000-000000000000>
<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/immunization/report-student-vaccination/>
<https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/immunization/school-immunization-program/>

Pharmacies Providing Pediatric COVID-19 Vaccinations

- The resource list has a [PDF with maps of pharmacies in Toronto Region](#) that were providing pediatric COVID-19 vaccinations **as of December 28, 2023**
- **We recommend that people searching for pediatric vaccinations call these pharmacies to confirm that they are still offering pediatric vaccinations, or check their websites, before attempting to access vaccination.**
- PLEASE NOTE:
 - The Ministry of Health (MOH) provided Toronto Public Health (TPH) and Ontario Health Toronto with a list of pharmacies that were offering COVID-19 vaccinations to kids aged 5 years old and under, as well as 2 years old and under. TPH contacted all of these pharmacies and provided Ontario Health Toronto with the list of 59 verified pharmacies in Toronto offering pediatric COVID-19 vaccinations as of **December 28, 2023**. The updated pharmacy list was shared by TPH to assist parents and caregivers to ensure that their children receive COVID-19 vaccinations. **The attached document provides a map of the location of the 59 pharmacies by OHT** (map developed by Ontario Health Toronto).
 - Many thanks to Toronto Public Health for surveying pharmacies in late December. As this information was valid at that point in time and may change based on pharmacy operations, **individuals are strongly encouraged to phone each pharmacy prior to visiting, to determine if the service is still available.**



COVID-19 Therapeutic Support Line

Are you a healthcare professional with a question about COVID-19 therapeutics?

Staffed by a registered pharmacist, OPA's COVID-19 Therapeutic Support Line provides Ontario vaccinators and prescribers with a dedicated resource to assist with timely, evidence-based clinical decision-making support.



1-888-519-6069

10 am – 8 pm EST, 7 days per week

Contact Us Today!



[opatoday.com/
covid19support](https://www.opatoday.com/covid19support/)

RECENT SESSIONS

October 27	Respiratory and Flu Season: Counselling Kids & Balancing Workload	Dr. Joan Chan Dr. Janine McCready
October 6	Update on COVID-19, influenza and RSV vaccines	Dr. Zain Chagla Dr. Elizabeth Muggah
September 15	Preparing for the fall	Dr. Kieran Michael Moore Dr. Daniel Warshafsky
December 15	Winter virus season and Changes to breast cancer screening in Ontario	Dr. Allison McGeer Dr. Jonathan Isenberg Dr. Anna M. Chiarelli Maggie Keresteci
January 19	COVID-19 Updates and Managing Respiratory Illness in Kids	Dr. Alon Vaisman Dr. Tasha Stoltz

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Accessing Previous Sessions and Self Learning

Previous webinars & related resources

<https://www.dfcm.utoronto.ca/past-covid-19-community-practice-sessions>

The screenshot shows the DFcm website with the URL [dfcm.utoronto.ca/past-covid-19-community-practice-sessions](https://www.dfcm.utoronto.ca/past-covid-19-community-practice-sessions). The page features a dark blue header with navigation links: Contact, Donate, Webmail, POWER, Practice Profiles, Field Notes/EPA, and Quercus. Below the header is a navigation bar with links: Education, Residency, Grad Studies, Research, Community & Partnerships, Quality & Innovation, Divisions, Faculty, and About. The main content area has a sidebar on the left with links: About the QI Program, QI Courses, COVID-19 Community of Practice, Past COVID-19 Community of Practice sessions, Practical Tools for Practices to Improve Quality, Learning Health Systems, and Patient Engagement at DFCM. The main text area is titled 'Past COVID-19 Community of Practice sessions' and describes the program as a space for family physicians across Ontario to connect and learn from each other. It mentions that sessions are held approximately once a month, focusing on COVID-related topics, and that participants share their perspectives on implementing virtual care, organizing community collaborations, and supporting patients with mental health and addiction. It also notes that sessions are interactive, with questions answered in real-time, and that session recordings and resources are shared after the event.

- QI Courses
- COVID-19 Community of Practice
- Past COVID-19 Community of Practice sessions
- Practical Tools for Practices to Improve Quality
- Learning Health Systems
- Patient Engagement at DFCM

Self-learning program

The COVID-19 CoP session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

[Complete self-learning activity](#)

- QI Courses
- COVID-19 Community of Practice
- Past COVID-19 Community of Practice sessions
- Practical Tools for Practices to Improve Quality
- Learning Health Systems
- Patient Engagement at DFCM

Past sessions

Each item below includes session details, the webinar recording and linked resources.

Expand All	
Winter virus season and changes to breast cancer screening in Ontario (Dec 15, 2023)	+
COVID-19 Updates and the New Ontario Structured Psychotherapy Program (Nov 17, 2023)	+
Respiratory and Flu Season: Counselling Kids and Balancing Workload (Oct 27, 2023)	+
Update on COVID-19, influenza and RSV vaccines (Oct 6, 2023)	+
Preparing for the fall (Sept 15, 2023)	+
COVID Updates and Addressing Physician Burnout (July 28, 2023)	+

Thank you!

To all those who have helped make the
COVID-19 Community of Practice a success!

Tara Kiran

Mekalai Kumanan

Ali Damji

Eleanor Colledge

Mina Viscardi Johnson

Julia Galbraith

Pavethra Yogeswaran

June Yee

Jay Scull

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Olivia Neale

Past team members:

Trish O'Brien,

Kirsten Eldridge

Adrienne Spencer

Leanne Clark

Susan Taylor

Kim Moran

Jennifer Young

Leslie Greenberg

Brian Da Silva

David Kaplan

Elizabeth Muggah



Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: February 23, 2024

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits..

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.