**Re: <** Sleep SMART **subject name>**

Dear Dr. <name>,

Your patient, <name>, was recently discharged from <hospital name> after a hospitalization for <ischemic stroke or TIA>. During this hospitalization, <he/she> enrolled in a research study that investigates the effects of sleep apnea treatment on stroke outcomes. Participation lasts 6 months and at the end of that time period, <he/she> will receive sleep apnea test results to share with you. In the meantime, if you have any questions about the research, please feel free to contact the site principal investigator <name at phone number>.

As you know, aggressive vascular risk factor management is an essential part of secondary stroke prevention. To that end, we offer the following recommendations based on the American Stroke Association Guidelines.

1. Antithrombotic: indefinite use of <drug name, dose>.
2. Blood pressure: a target blood pressure of <target or BP range (e.g. <x or between x and y)>. If the patient is not at this goal at the next visit with you, we would recommend an intensified BP medication regimen.
3. Statin: <drug name, dose> [if applicable]
4. Physical activity: For patients who are able and willing to initiate increased physical activity, referral to a comprehensive, behaviorally-oriented program is probably recommended. If able, the patient should engage at least 3 to 4 sessions per week of moderate- to vigorous-intensity aerobic physical exercise, lasting an average of 40 minutes, to reduce stroke risk factors.
5. Nutrition: a low-salt diet that emphasizes vegetables, fruits, and whole grains and includes low-fat dairy products, poultry, fish, legumes, olive oil, and nuts – and limits intake of sweets and red meats is recommended. Alcohol should be limited to no more than 2 alcoholic drinks for men and 1 alcoholic drink for women per day.
6. Smoking: smoking cessation. Counseling, nicotine products, and oral smoking cessation medications are effective in helping smokers to quit.
7. Diabetes/prediabetes: Application of existing guidelines from the American Diabetes Association for glycemic control and cardiovascular risk factor management in patients with diabetes (defined by HbA1C ≥6.5). This generally involves a HbA1C goal <7%.
8. Prediabetes: Application of existing guidelines from the American Diabetes Association for glycemic control and cardiovascular risk factor management in patients with prediabetes (HbA1C 5.7-6.4%). This includes referral for an intensive behavioral lifestyle intervention program to achieve and maintain 7% loss of initial body weight and increase to at least 150 min/week of moderate-intensity physical activity. Metformin for prevention of type 2 diabetes should be considered (especially for patients with BMI ≥35 kg/m2, those aged <60 years, and women with prior gestational diabetes mellitus).

Thank you for your consideration.

<name>