HEART DISEASE—CARDIOMYOPATHY

Overview:

Cardiomyopathy is a term used to describe a group of heart muscle diseases for which there is no clearly identifiable cause. It is believed, however, that alcoholism, various collagen diseases, muscular dystrophy, Friedrich's ataxia, hemochromatosis, or amyloidosis, among other conditions, may somehow lead to the development of heart muscle disease. Until recently, a discussion of conditions of cardiomyopathy would have been irrelevant in any impaired risk life underwriting guide; inevitably a diagnosis of cardiomyopathy would lead to a declination of coverage. However, recent studies suggest that the condition may be more wide spread than previously assumed. Some primary insurers and many reinsurers now feel that there are individuals with cardiomyopathy that are insurable.

Conditions of cardiomyopathy are classified into two broad categories: *hypertrophic* and *dilated*. *Hypertrophic cardiomyopathy* (also called idiopathic hypertrophic subaortic stenosis) occurs in about 19 individuals per population of 100,000. The condition is characterized by abnormal enlargement (*hypertrophy*) of the left ventricular outflow tract and the septum, which produces functional obstruction during heart muscle contraction (*systole*). The left ventricular volume is reduced, leading to inefficient pumping activity. Symptoms of this condition include breathlessness during exercise, chest pain, fainting spells, and irregular heart beats.

Dilated cardiomyopathy is recognized by the stretching out (*dilation*) of either the left or right ventricle, or both. Studies in estimate prevalence of the condition at about 6 per 100,000 population. Contraction of the primary heart pumping chamber (*systolic ventricular function*) is impaired and congestive heart failure is common.

Impact on Life Underwriting:

A *current* diagnosis of *dilated cardiomyopathy*, including conditions referred to as myocarditis, myocardial fibrosis or degeneration, or congestive cardiomyopathy, have a very high rate of mortality during the first two years following diagnosis. As many as 77% of patients diagnosed with the condition in a recent study by the Mayo Clinic died within two years. On the other hand, the other 23% showed significant clinical improvement, often with return to normal heart size. Thus, some experimental underwriting may be done for individuals with a *past* history of dilated cardiomyopathy, following a successful postponement period of at least two years, based on the assumption that the condition has resolved itself.

Prognostic indicators of interest to a medical director underwriting and individual with *hypertrophic cardiomyopathy* (also known as idiopathic hypertrophic subaortic stenosis) include (1) the age of onset - the earlier in life the onset, the worse the prognosis; (2) fainting spells (*syncope*) at diagnosis - if present, prognosis is poorer than if not present; (3) shortness of breath (*dyspnea*) at last follow up; (4) family history of cardiomyopathy or sudden unexplained death. The condition is rated *beginning* at table 4 under the very best of circumstances. Even this moderate table rating is available only to those proposed insureds who meet most, if not all, of the following criteria: (1) over age 60; (2) no family history of sudden premature cardiac related death; (3) no symptoms for a period of several years; (4) stable echocardiographic history.

Hypertrophic cardiomyopathy with some symptoms but no serious complications (and no out flow obstruction) are rated beginning at table 6. Similar to the above, the older the proposed insured, the less family history, and the more stable the symptoms and echocardiographic changes, the more likely a table rating can be obtained. If symptoms of out flow obstruction are present, ratings of table 10 and higher should be expected at minimum, even with the other identified variables being favorable. Declines are to be expected for individuals with hypertrophic cardiomyopathy who are diagnosed prior to age 30, have a family history of premature cardiac related deaths, and who show various significant symptoms.

Alcoholic cardiomyopathy refers to the disease when it is triggered by excessive alcohol consumption over an extended period of time. Irregular heart beats and episodes of congestive heart failure related to alcoholic bouts or for no apparent reason are common. There is some evidence that like the fatty liver often observed in alcoholics, alcohol consumption-induced cardiomyopathy may be reversible in its early stages following a period of complete abstinence. However, offers of insurance are unlikely until several years following complete abstinence and with evidence the heart has returned to normal size and functioning.

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