

Overview:

Coronary heart disease (CHD) is the leading cause of death in the United States. Disability or death can strike those with very mild forms of the disease or those who may not even be aware of having the condition. CHD is more common in men than in women; age is another significant risk factor. CHD exists whenever the blood flow to one or more sections of the heart muscle is insufficient to meet the muscle's needs.

CHD manifests itself in several ways. Most often, CHD develops over time, as a consequence of a gradual narrowing of the blood vessels due to arteriosclerosis. Early symptoms may include chest pain during exertion or excitement, when a greater supply of oxygen is required by the heart muscle. This condition is referred to as *angina pectoris*. Nitroglycerine or Perpetrate (both vasodilators) are often used to treat the condition and pain. *Angina pectoris* may also be treated with beta blockers or calcium channel blockers.

A more severe form of CHD, where the narrowing of the coronary vessels is more extensive than in *angina pectoris*, but where complete occlusion has not yet occurred, is often referred to as *coronary insufficiency*. Chest pain develops at rest and is more prolonged than the typical anginal attack. Vasodilators may not be sufficient to provide complete relief. However, tissue death does not occur as a result of an episode of *coronary insufficiency*.

Coronary thrombosis or *coronary occlusion* refers to a more or less sudden partial or full blockage of a major heart vessel. If the affected vessel is large and important, severe pain is typically experienced. Narcotics (e.g. morphine, Demerol) are often administered to provide pain relief. Electrocardiographic and cardiac enzyme level changes may be detected in those who survive the episode. Very frequently, death of an area of heart muscle occurs due to prolonged oxygen deprivation. Such episodes are called *myocardial infarctions*, or *heart attack*. Dead heart tissue is eventually replaced with scar tissue, frequently leading to abnormal EKG findings.

Impact on Life Underwriting:

Life underwriting depends heavily on how much information is available to evaluate the risk. The more information available, the better the underwriting; ambiguity is not rewarded with good risk assessments. EKGs are a start, current stress tests and similar studies are often helpful. A full cardiovascular work up is critical for newly diagnosed cases.

If cardiovascular disease exists, the extent of the disease must be documented. This will involve (a) the number of vessels occluded; (b) the extent and severity of the vessel narrowing; (c) the degree of damage, if any, that has already occurred in the heart muscle; (d) the level of left ventricular functioning; (e) the absence or presence of electrical instability; (f) the degree of ischemia brought on by stress; (g) and the likely rate of progression of the atherosclerotic disease process. For heart attacks, the emergency room report should be included. It will normally summarize the character and severity of the pain, its location and duration, the direction of any radiation, the circumstances under which it occurred, and its response to any drug administered (e.g. TPA). Additional periodic follow up laboratory studies, including EKGs, enzyme analyses, cardiac catheterization, and angiographic reports furnish valuable information.

Standard rates are possible for older individuals with very mild heart disease. Low table ratings, are more common, especially if cardiovascular disease has begun prior to age 60. Recent heart attacks, angioplasties, and heart surgery are best postponed for six months following the date of treatment. Moderate ratings should be expected for those. In general, the younger the insured at the time of onset of heart disease, the more heavily rated the risk.

Documentation of positive information can lead to substantial underwriting improvements, often leading to a reduction of several tables. Sending in an application "to see what happens" without proper case preparation does not normally lead to the best possible underwriting outcomes. In order to minimize any ratings for your cardiovascular risk, please be sure to complete our "Heart Attack" and "Search for Underwriting Credits" questionnaires as much as possible. SB
04/20/2001