HEART DISEASE—HEART ATTACK

Overview

Heart attack, also called myocardial infarction or MI, is the most common cause of death in the United States. An attack occurs when the blood supply to one or more areas of the heart becomes blocked, cutting off oxygen, causing irreversible injury and death to a portion of the heart muscle. The severity of the heart attack essentially depends on how much of the heart muscle is irreversibly damaged.

Some heart attacks affect very small areas of the heart and occur with only minor discomfort. An individual may not even be aware that a heart attack has transpired and may misdiagnose any discomfort as "indigestion" or similar. Such events are referred to as "silent myocardial infarctions". An insurance medical, indicating abnormal EKG findings, may lead to a first diagnosis. Stronger heart attacks are accompanied by severe chest pain, significant electrocardiographic changes, and elevations in cardiac enzymes. Such events typically occur when a clot breaks lose from a non-obstructive location of the blood stream and moves to a smaller part of the coronary artery, leading to blockage of oxygenated blood.

Impact on Life Underwriting:

Damage from a heart attack is normally indicated via EKG; an "abnormal EKG finding" may be caused by a previous heart attack. Unfortunately, resting EKGs often raise more questions than they answer. A stress EKG is often required to learn more about the extent of the heart damage. In general, the more that is understood about the damage done to the heart during the attack and subsequent scarring, the more favorable an underwriting assessment (ambiguity is not normally rewarded in life underwriting).

Key to successful life underwriting of cardiovascular risks are excellent follow up as indicated in APS. Ideally APS will document that all possible methods to delay and prevent further complications are followed. This includes regular medical follow up, positive lifestyle habits, such as the cessation of tobacco use, monitoring and controlling blood pressure and cholesterol, use of preventative medications and dietary supplements, implementation of a regular cardiovascular exercise routine and good dietary habits. Documentation of this 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.

For some very large cases, where even small differentials in ratings can lead to substantial annual premium increases or decreases, a client may want to engage in additional voluntary cardiovascular testing beyond what is required by the insurance company. This may be recommendable for cases where some of the medical evidence may be outdated - current enough, perhaps, from a treatment perspective, but not current enough for the best possible underwriting assessment. Such a work up will normally involve a current stress test. These tests have some medical risk and can be expensive, which is why they are not normally "required" by underwriting departments. But for these very large cases, where the client wants to document that "I am much better now", perhaps such testing enables further premium reductions. After all, if there is reason to hope it may be possible to reduce the annual premium by several thousand dollars, perhaps the client's investment in paying for his/her own test will pay for itself within a year or two (sometimes it is even possible to have the updated test paid for by the proposed insured's health insurer). Of course, beyond the risk of the testing itself, there is also some insurance risk with more testing. A more detailed test may also show, for example, evidence the heart disease has progressed. Such adverse new findings can then lead to a higher rating, or even a decline, from what had been offered without the additional testing. Thus, the prudent approach would be to lock in a "worst case" offer of insurance before recommending the proposed insured might benefit from voluntary testing. Each case is unique - we will work closely with you and give you the best advise based on our extensive experience with these risks. SB 04/20/2001