

Overview:

The term “stroke” refers to the death of brain tissue due lack of oxygenated blood reaching a particular area of the brain. Strokes are typically the result of a blocked or ruptured blood vessel in the brain. Strokes classified as either a full *stroke* (also *Cerebrovascular Accident (CVA)*) or “mini stroke” (also *Transient Ischemic Attack (TIA)*).

TIA refers to a temporary neurologic deficit that resolves itself without permanent damage to the brain. Most TIAs are due to a small temporary blockage of a cerebral or carotid artery that impairs neurological activity for a short period of time. Symptoms reported include temporary numbness, weakness, dizziness, vision defects, speech abnormalities and fainting. Duration of those symptoms can be from a few minutes to several hours. The classification of a mini stroke or TIA is applied when symptoms lasted less than 24 hours and left no permanent damage. Due to the temporary nature of the condition, most TIAs are recorded in APS data primarily from patient reports of symptoms, rather than a firm diagnosis.

A full stroke (CVA) occurs when one or more blood vessels in the brain are blocked or rupture. Strokes due to blockages tend to occur in individuals with disease of the blood vessels, particularly if it affects the neck and head area. High blood pressure is a major risk factor. A rupture may also be caused by an injury (blow to) the head, or perhaps by an existing aneurysm that finally breaks. Strokes in progress are sometimes treatable with anti-clot medications or angioplasty procedures, similar to what has become common place for heart attack victims. The symptoms of a full stroke are similar in many ways to those of a TIA, but they last more than 24 hours are more severe. Strokes often manifest themselves with partial or total loss of vision, paralysis or numbness of limbs, slurred speech, and coma. Death is possible with severe strokes; approximately 15% of individuals who suffer a stroke do not survive. For survivors, symptoms often last weeks and months and may be permanent.

Impact on Life Underwriting:

Strokes and TIAs have a tendency to recur and thus underwriting is postponed. If there are no further incidents, underwriting improves as time from the reported incident increases. The table below provides an idea as to what to expect in life underwriting.

As with all cardiovascular risk factors, good medical follow up, the cessation of any tobacco use, a regular exercise program, the use of preventative medications and establishment of good dietary habits all help in reducing the risk for further cardiovascular complications and lead to more favorable underwriting. Please help us put your client’s specific circumstances in the best possible light by providing us with information requested on our Search for Underwriting Questionnaire. This kind of information can often help us negotiate reduced rates of several tables on your customer’s behalf. SB 04/19/2001

<i>Time elapsed since Mini Stroke (TIA) or Stroke (CVA)</i>	<i>Mini Stroke (Transient Ischemic Attack – TIA)</i>	<i>Stroke (Cerebrovascular Accident – CVA)</i>
0 – 6 Months	Postponed	Postponed
6 – 12 Months	Possible low to moderate table with flat extra for up to five years following TIA.	Postponed
1 – 5 Years with no neurological deficit, symptoms, or special risk factors.	Low table	Moderate table rating with a flat extra for up to five years following stroke.
<i>1 – 5 Years WITH neurological deficit and/or other symptoms or risk factors.</i>	<i>Low table</i>	<i>Individual consideration, possible further postponement</i>
6 Years or more with no neurological deficit, symptoms or additional risk factors.	Standard	Standard or low table.
<i>6 Years or more WITH neurological deficit and/or symptoms or additional risk factors.</i>	<i>Standard or rated for other risk factors.</i>	<i>Individual consideration, beginning with low table ratings.</i>