

Cerebrovascular Accident (Stroke)

The obstruction of blood flow to the brain leading to permanent damage is called a cerebrovascular accident (CVA) or cerebral infarction (stroke). If the symptoms are only temporary, it is referred to as a transient ischemic attack (TIA), see Rx #16. Rupture of an artery within the brain (cerebral hemorrhage) is also called a stroke or cerebrovascular accident.

Stroke is a leading cause of death and disability in adults. Lack of blood flow (ischemia) accounts for the majority of all strokes. Atherosclerosis (plaque in the arteries) is the leading cause of cerebral ischemia. Since cerebrovascular disease is an indicator of generalized atherosclerosis, an individual with a stroke history is also at risk for coronary artery disease and recurrent stroke. Other causes of stroke include embolism or thrombosis (clot). Risk factors for cerebrovascular disease include smoking, coronary artery disease, hypertension, diabetes, hyperlipidemia, peripheral vascular disease, atrial fibrillation, carotid disease, valvular heart disease, and male gender.

Signs and symptoms of a CVA may include weakness, numbness, headaches, dizziness, nausea/vomiting, paralysis of one side of the body, speech difficulty, and memory defects. A CT scan of the head and/or brain MRI are diagnostic studies used to determine if an individual has had a stroke. Treatment for stroke includes physical rehabilitation for residual effects of CVA, anticoagulants (blood thinners like aspirin or Coumadin), and hypertension control.

Factors that may affect the rating of an applicant with a history of cerebrovascular accident include current neurological residuals, hypertension, high cholesterol levels, and generalized atherosclerosis.

Underwriting considerations, absent other significant impairment:

Rating for a single episode of stroke with no significant residuals and return to normal active duties:

Within 1 year of recovery	Table C-D+\$10x3
2 nd year	Table C-D+\$10x2
3 rd year	Table C-D+\$10x1
4 th -6 th years	Table C-D
After 7 years	Table B-C

Multiple episodes, dementia, or significant residual physical or mental impairment are generally declined. An embolic episode that occurs as a direct result of heart surgery or other medical procedure may be considered without the temporary extra.

To get an idea of how a client with Cerebrovascular Accident/Stroke would be viewed in the underwriting process, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

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This material is intended for insurance informational purposes only and is not personal medical advice for clients.

CVA/Stroke - Ask "Rx" perts
(ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of CVA/Stroke, please answer the following:

← Please list date(s) of CVA(s): _____

↑ Is your client on any medications?

- yes, please give details _____
 no

→ Does your client have any current neurological residuals?

- yes, please give details _____
 no

↓ Has your client smoked cigarettes in last 12 months?

- yes
 no

○ Please check if your client has any of the following:

- | | |
|--------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> high cholesterol | <input type="checkbox"/> peripheral vascular disease |
| <input type="checkbox"/> coronary artery disease | <input type="checkbox"/> heart murmur |
| <input type="checkbox"/> atrial fibrillation | <input type="checkbox"/> carotid disease |

± Does your client have any other major health problems (ex: cancer, etc.)?

- yes, please give details _____
 no

After reading the *Rx for Success* on CVA/Stroke, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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