

# UNDERWRITING: Cardiomyopathy

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Cardiomyopathy is a structural or functional abnormality of the heart, causing weakening of the heart muscle.

Cardiomyopathy is an extremely serious disease in which the heart muscle becomes inflamed and works poorly.

**Primary Cardiomyopathy** cannot be traced to a specific cause.

**Secondary Cardiomyopathy** is due to specific causes including: viral infection, high blood pressure, heart valve disease, artery diseases, or congenital heart defects. All too often it is associated with diseases involving other organs as well as the heart.

**There are three main types of Cardiomyopathy as follows:**

## **Dilated (congestive) Cardiomyopathy**

In this the most common form, the heart is enlarged. It is weak and does not pump normally and most patients develop congestive heart failure.

Abnormal heart rhythms (arrhythmia) may also occur.

Causes include: viral infection including HIV, Diabetes, Thyroid disorders, Alcohol and Drug abuse, and occasionally pregnancy, and diseases such as Rheumatoid Arthritis.

Dilated Cardiomyopathy is extremely difficult to underwrite as two thirds of persons with dilated cardiomyopathy die within five years of exhibiting symptoms of the disease. Those that survive may have a somewhat longer life expectancy, but most cases will be uninsurable.

**Hypertrophic Cardiomyopathy** – The muscle of the left ventricle enlarges or hypertrophies. Frequently the wall between the two ventricles thickens obstructing blood flow. It can also distort the leaflets of the mitral valve causing mitral valve leakage.

Causes include: Congenital Birth Defects, Hormonal Disorders, High Blood Pressure, Neurofibromatosis, and Aortic Valve Stenosis.

People with hypertrophic cardiomyopathy may be asymptomatic until diagnosed with an irregular heartbeat, in addition to weakness and shortness of breath. Sudden death from a heart arrhythmia is not uncommon.

**Restrictive Cardiomyopathy** – In this least common form of cardiomyopathy the heart muscle becomes excessively stiff or restricted secondary to scarring or fibrosis, making it difficult for the

ventricles to fill with blood between heartbeats.

Causes include: Sarcoidosis, Amyloidosis, Hemochromatosis (iron overload), Wegener's granulomatosis (a tumor invading the heart muscle).

Most cases of restrictive cardiomyopathy are coincident with systemic disease, are quite serious, and are not likely to be insurable.

**To properly evaluate the prospect's insurability you must ask the following important questions:**

### ***Does the client currently smoke?***

Clients who have any form of cardiomyopathy and continue to smoke are probably significantly sub-standard and are most likely uninsurable. Smoking is a major risk factor for heart disease and one that can have a major impact on life expectancy.

### ***Has the client had an Angiogram performed?***

If so, be sure to have the client obtain a copy of the angiogram report as this is critical tool needed by the underwriter in order to obtain a favorable offer.

### ***Has the client had coronary angioplasty or coronary bypass?***

Find out if either an angioplasty or a bypass has been performed, when was the procedure done, and how many vessels were involved? Within the 6 to 12 months following angioplasty, failure (closure of the re-opened coronary artery will occur in 25%-40% of patients), necessitating either a repeat angioplasty (usually with the insertion of a stent) or coronary by-pass surgery. Has a repeat procedure been required?

### ***Has the client ever have a heart attack?***

It is important to know if the client had a heart attack. Those who have had a heart attack, and who have sustained some form of damage to the heart muscle are likely to receive much higher offers for sub-standard life insurance than those who have never had a heart attack.

### ***What medications is the client currently taking?***

Question closely and write down the names and dosages of ALL medications being taken, and why they are being taken. This includes both prescription and over the counter drugs, as well as herbal medications. This information can be extremely helpful to the underwriter who is trying to find a way to justify issuing your case.



## UNDERWRITING CONSIDERATIONS

The amount of blood that the heart can pump out at one time (the ejection fraction) is key to any underwriting decision. Only those with ejection fractions above 40% can be considered insurable.

Those persons with chronic cardiomyopathy where the heart function is now stabilized are clearly better risks.

Where drugs or alcohol have caused the cardiomyopathy do poorly, frequently other organs are also affected, and they are usually not insurable on any basis.

The absence of arrhythmias, and little if any obstruction to the outflow of blood from the heart are positive underwriting indications. In addition, older individuals with well-compensated cardiomyopathy are frequently insurable on some reasonable sub-standard basis.

### **Guaranteed Issue Life Insurance**

If all else fails, don't overlook the availability of Guaranteed Issue. Substantial amounts of insurance may be available (at a price) even if your client is totally uninsurable.

### UNDERWRITER:

Defined as someone sitting in an ivory tower 900 miles from here, trained to say, "NO."

### YOUR JOB:

To convince that underwriter, with truthful information, presented in as favorable a light as possible that it is desirable, even possible to say "YES."