

UNDERWRITING: Carotid Artery Disease

by Donald V. Victorson, CLU

There are two carotid arteries (one on each side of the neck) that supply oxygen rich blood to the brain. The carotid arteries supply the front part of the brain where thinking, speech, sensory and motor functions reside. Two smaller arteries, the vertebral arteries supply blood to the brain-stem and the cerebellum.

What is Carotid Artery Disease?

Like the coronary arteries, the carotid arteries can develop atherosclerosis, a build-up of plaque on the inside walls of the arteries. Over time the build-up restricts the flow of blood to the brain and can lead to a stroke when:

- The artery becomes severely restricted.
- A piece of plaque breaks off and moves to the smaller arteries within the brain.
- A clot forms blocking a restricted artery.

What are the Risk Factors for Carotid Artery Disease?

- Family history of atherosclerosis (either coronary or carotid) artery disease.
- Age over 75
- Smoking
- Hypertension
- Diabetes
- Obesity
- High low density lipoprotein (LDL or bad cholesterol)

What are the Symptoms of Carotid Artery Disease?

There are usually no specific symptoms of carotid artery disease, however the signs of a TIA (mini-stroke) usually indicate the presence of severe carotid artery disease. These include:

- Blurred vision in one or both eyes.
- Weakness or numbness of an arm, leg, or face on one side of the body.
- Slurred speech, difficulty talking, or understanding others.
- Loss of coordination, dizziness or confusion.
- Trouble swallowing.

How is Carotid Artery Disease Treated?

Lifestyle Modification

- Quit using tobacco in any form.
- Control hypertension and diabetes.
- Have regular check-ups and control cholesterol.
- Weight reduction.
- Exercise regularly.
- Limit the use of alcohol.

Medications

- Blood thinners (anti-coagulants)
- Clot-dissolving medication
- Regular use of aspirin

Surgery

- Carotid Endarterectomy is the standard surgical treatment. The surgeon opens the carotid artery, removes the plaque and any diseased portion of the artery, then sews the artery back together.
- Carotid Stenting, a less invasive catheterization procedure, is also used. This is still somewhat experimental.

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

Does the client currently smoke?

Clients who have Carotid Artery Disease and continue to smoke are probably severely sub-standard. Smoking is a major risk factor for both Coronary and Carotid Artery disease and one that can have a major impact on life expectancy. The good news is that clients who have quit smoking have much better survival rates and accordingly can expect a more favorable offer for life insurance.

Does the client have:

- High Blood Pressure
- Diabetes
- Elevated Cholesterol (especially LDL)
- Obese
- Any indication of Atrial Fibrillation
- Any history of having had a TIA



Has the client had either carotid surgery or stenting? If so, when was the procedure performed?

Has the client had Ultrasound Imaging or an MRI? If so, when was the procedure performed?

What medications is the client currently taking?

Be sure to record ALL medications being taken and dosages.

UNDERWRITING PROGNOSIS

Most underwriters will want to see an Ultrasound study, and complete medical history including any indications of a TIA before they will offer.

Non-Smokers with normal blood pressure, cholesterol, and not over weight will frequently be Standard.

With significant blockage or a history of TIA expect a rating, postpone, or decline.

Following surgery, in as little as 3-6 months Standard is likely.

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."