

UNDERWRITING: Coronary Artery Disease

Coronary Artery Disease refers to any abnormal condition of the coronary arteries that interferes with the delivery of an adequate supply of blood to the heart muscle. Most coronary artery disease is due to atherosclerosis (cholesterol, fat and calcium deposits). This slowly narrows the flow of blood, and the muscles being supplied do not get enough blood. The plaque weakens the artery wall; a blood clot may form, possibly triggering a heart attack.

When the muscles of the heart are deprived of oxygenated blood, they experience a hunger for more oxygen (especially under the stress of exercise). The patient experiences a painful tightening, pressure, or fullness in the chest, which we call "angina pectoris."

Total closure or occlusion of the coronary artery results in a heart attack "myocardial infarction." With no blood flow to the heart muscle, that portion of the heart will die and scar over.

Risk factors we cannot change include:

The normal aging process, and a family history of CAD in parents, sisters or brothers.

Risk factors which we can change include:

Smoking • Diabetes • Elevated cholesterol • High Blood Pressure • Obesity • Lack of Exercise • Stress Management

How is Coronary Artery Disease Diagnosed?

Blood Tests: Cholesterol and Homocystene levels can be measured and blood-clotting factors analyzed.

Electrocardiogram: A recording of the heart's electrical activity.

Stress Test: An EKG performed while exercise is performed.

Echocardiogram: Sound waves are used to study and record the structure and function of the patient's beating heart.

Angiogram: An invasive test involving insertion of a catheter into a major blood vessel to create images of the heart and coronary muscles.

How is Coronary Artery Disease Treated?

Medication including: Beta Blockers • Nitrates • Calcium Channel Blockers • Statins • Antiplatelets

Balloon Angioplasty: A balloon tipped Catheter is used to open up the artery by pushing the plaque back to allow for better blood flow. Some of the plaque may also be cut away, and a metal Stent is frequently introduced into the artery to help keep it open following the procedure.

Coronary Artery Bypass Graft: A section of blood vessel from another part of the body is grafted around the damaged coronary artery to form an open channel

around the blockage.

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

Does the client currently smoke?

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

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 to 40 percent of patients), necessitating either a repeat angioplasty (usually with the insertion of a stent) or coronary bypass 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 prior to having the procedure, or since then. 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. Both are likely to be insurable.

Has the client had any chest pain since the procedure?

Any reoccurrence of chest pain indicates a return of the original problem. Clients who experience chest pain post-surgery regardless of the time since the procedure, are probably uninsurable.

Has the client had any follow up cardiac tests since the coronary procedure?

Follow-up cardiac tests including Treadmill EKG, Thallium Treadmill, Stress-Echo Treadmill provide objective evidence that the coronary procedure was successful. A basic resting EKG is of limited usefulness. Any follow-up cardiac testing that is abnormal will likely result in the client

being highly rated or declined for insurance. Favorable results will usually be helpful in obtaining a much more affordable offer.



by Donald Victorson, CLU

What medications is the client currently taking?

Uncomplicated coronary artery disease is usually managed with minimal medication such as aspirin. Complicated cases require stronger medications including Lanoxin, Imdur, Isordil or Nitroglycerin. The medication and the dosage being taken are very important in determining the insurability of the client as well as helping to determine the sub-standard offer that may be possible.

Is the client currently involved in any cardiac rehabilitation program, has he quit smoking, began an exercise program, changed diet, etc.?

Lifestyle changes can have an enormous impact on underwriting outcome. There are medical studies that verify that mortality outcome is greatly improved with positive lifestyle changes such as quit smoking, or beginning an exercise program. It is very important that you document all lifestyle changes that would indicate a decrease in any cardiac risk factors.

UNDERWRITING PROGNOSIS

Clients with a history of Coronary Artery Disease treated successfully with either Angioplasty or Bypass Surgery, while not eligible for Preferred Non-Smoker, are usually insurable at ratings as moderate as tables 2 and in some favorable cases at Standard. Those who have experienced prior heart attacks, or have had multiple blockages will usually be more severely sub-standard. Lack of change in lifestyle can only increase the likelihood of a higher rating.

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."