

# UNDERWRITING: Endocarditis

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## What is Endocarditis?

Endocarditis is an infection of the heart valves and parts of the inside lining of the heart muscle (the endocardium). Although not common, it is by no means a rare infection. Often it is extremely serious.

Bacteria frequently find their way into our bloodstream through normal daily activities such as chewing or having a bowel movement. Normally the heart and blood vessels present a smooth surface to which the bacteria simply cannot attach themselves, and if they do, the body can kill the bacteria promptly.

In the event of a heart valve deformity, the bacteria can gain a foothold where the lining is not perfect. Once the bacteria have "set up shop," they have access to a wonderful source of nutrients – the bloodstream.

The bacteria can form "vegetations" on the valve they infect. These vegetations often only adhere lightly to the infected valve, and may break off into the bloodstream where they act like clots, blocking blood flow; they can also spread the infection to other places in the body.

Frequently the infection may begin as a result of a dental or medical procedure in someone with an abnormality of the heart, a congenital heart defect, or who has previously had heart valve surgery. In these cases, antibiotics are often prescribed prior to the procedure to minimize the likelihood of endocarditis, since prevention is far easier than a cure.

Endocarditis is far more common in men than women, however the median age of onset has increased from 35 before antibiotics were readily available, to age 50 today.

Unfortunately, there has been a significant increase in endocarditis as a result of IV drug abuse, and as well from the increase in cardiac surgeries and other invasive procedures (catheterization).

**SBE – Subacute bacterial endocarditis.** Usually caused by streptococcal species. Often develops on abnormal valves from infected gums or intestinal tract.

SBE has an insidious onset and may mimic other illnesses. May produce night sweats, fatigue, weight loss, and valvular insufficiency, as well as stroke,

myocardial infarction, and tachycardia  
**ABE – Acute bacterial endocarditis.** Usually caused by streptococci, pneumococci, or gonococci, and by other less virulent microorganisms. Can even infect normal valves.

ABE symptoms are similar to SBE, however the course is much more rapid.

**PVE – Prosthetic valvular endocarditis.** Develops in 2 to 3% of patients following valve replacement

PVE often results in obstructing vegetations, and the usual symptoms of both SBE and ABE.

**Endocarditis, left untreated is always fatal.** When treated, mortality is dependent upon the patient's age and condition, duration of infection before treatment began, severity of underlying illnesses, susceptibility of the bacteria to antibiotics, and complications.

## In order to evaluate the insurability of someone with a Endocarditis you need to ask the following important questions:

### *Does the client currently smoke?*

Smoking is considered to be a major risk factor for every kind of cardiac disease problem. It has a dramatic impact on life expectancy. While it is best to never have smoked, even those who did smoke, and who have quit smoking enjoy a much better survival rate than those who continue to smoke.

### *When was endocarditis diagnosed, and when was the treatment begun?*

Once the condition has been positively diagnosed and the need for treatment confirmed, the sooner it is begun, the sooner additional damage can be contained. Following treatment, the client may not be insurable for at least six months. Thereafter, rated offers should be available with the offers improving with the passage of time following treatment.

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

Frequently, long-term (4 to 6 weeks or more) use of antibiotics may be required. Anticoagulants (blood thinners) are usually required where any prosthetic device or foreign tissue has been implanted to minimize the risk of blood clots or rejection. Be sure to detail all of the client's current medications with dosages, as this is essential for an accurate risk appraisal.



## *Has the client any other cardiac or non cardiac health problems?*

Mortality is severely and negatively impacted when there is also a history of Arrhythmia, Heart Enlargement, High Blood Pressure, Angina, or Decreased Heart function. Likewise, a history of Kidney Disease, or Diabetes for example will adversely impact the likelihood of receiving a favorable underwriting offer.

## UNDERWRITING PROGNOSIS

Today, with the availability of antibiotics, endocarditis is not the death sentence that it was years ago.

Endocarditis is nevertheless a very serious illness. Frequently, where underlying cardiac conditions contributed to the bout with endocarditis they may also complicate the underwriting.

In most cases, after a reasonable recovery period offers will be available at Standard or moderate ratings. In severe cases, or where active treatment continues cases will have to be postponed.

## 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."