

ANGINA (CHEST PAIN)



by Donald Victorson, CLU

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."

doesn't get as much blood (and oxygen) as it needs for a given level of work. Insufficient blood supply is called ischemia.

Sometimes a coronary artery (one of the blood vessels supplying blood to the heart) can go into spasm. This is referred to as a vasospasm and it can decrease or even stop the flow of blood to a part of the heart. Spasm can occur in a normal coronary artery as well as one that is partly blocked due to atherosclerosis.

When a coronary artery spasm occurs chest pain (*Angina Pectoris*) will be experienced. The spasm may typically occur during rest rather than during periods of exertion. If the spasm is severe, a heart attack may occur. People who experience coronary artery spasm are frequently given calcium channel blockers to control the condition.

Angina is an indication of a high risk of heart attack.

TO PROPERLY EVALUATE A CLIENT'S INSURABILITY YOU MUST ASK THE FOLLOWING IMPORTANT QUESTIONS:

Does the client currently smoke?

Smoking is considered to be a major risk factor for heart disease, and is one that can have a dramatic impact on future life expectancy.

The good news is that those clients who have been diagnosed with Angina and who have quit smoking enjoy much better survival rates than those who continue to smoke.

Clients with a history of Angina who continue to smoke are probably uninsurable!

When was the Angina first diagnosed and have the symptoms remained stable?

There are basically two kinds of angina: Stable and Unstable.

Stable angina is usually related to physical effort such as climbing or walking up stairs. It is managed by medication and changes in lifestyle. Clients with stable Angina are insurable on some basis.

Unstable Angina is not related to effort (chest pains are experienced at rest), it is unstable, becoming progressively worse despite medication and frequently precedes a heart attack. Clients with Unstable Angina are not usually insurable.

What current medications are being taken?

Stable Angina can be managed with a variety of medications. Beta Blockers (i.e. Tenormin), Calcium Channel Blockers (i.e. Cardizem) and Nitroglycerin preparations are all used to manage chest pain. Unstable Angina may require more frequent use of medication.

Does the client have any history of other cardiac problems?

Angina in combination with other forms of cardiac disease is almost certain to make the client uninsurable. Clients who have had a heart attack, coronary angioplasty, or coronary bypass and who still experience angina are probably not insurable on any basis.

Is the client involved in any form of Cardiac Rehabilitation, or undergone any Lifestyle Changes?

Lifestyle changes such as quitting smoking, exercise, diet and stress reduction are major components in the successful management of angina.

They are also extremely important in the evaluation of the risk.

The more documentation you can provide regarding improvements in health habits and lifestyle, the better the underwriting outcome that your client will experience.

Angina Pectoris is the medical term for chest pain due to Coronary Heart Disease. This occurs when the heart muscle does not receive a sufficient flow of blood, resulting in chest pain.

Angina Pectoris frequently occurs when blood flow to the heart, while sufficient for sedentary needs is insufficient during physical exercise, stress or extreme temperatures.

Angina is a symptom of a condition called myocardial ischemia. It occurs when the heart muscle (myocardium)