



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."

ARRHYTHMIA

(Irregular Heart Beat)

In order for the heart to perform its function of pumping oxygen-rich blood to the body, it needs an electrical impulse to generate a heartbeat. This electrical impulse comes from the sinus node, the heart's natural pacemaker located in the upper right atrium chamber of the heart.

Normally, the heart beats at a rate of 60-100 beats per minute. The heart determines its optimum rhythm based upon your activity. The heart will beat slower during sleep, and faster during exercise.

What is an Arrhythmia?

An arrhythmia is an irregular heart beat. The incidence of arrhythmia increases with age, occurring most frequently in middle-aged adults. People with a history of heart disease, blood chemistry imbalance, and certain metabolic diseases are at greater risk for arrhythmias and their complications.

Certain medications and substances can also cause arrhythmia including: caffeine, tobacco, alcohol, cold and cough medications, appetite suppressants, cocaine, psychotropic drugs, and beta-blockers. Stress is also a known factor, however, often there is no obvious cause.

Symptoms of Arrhythmia

The most common symptoms include: chest pain, palpitations, dizziness, feeling faint, changes in pulse rate or rhythm, shortness of breath, fatigue, clammy or pale skin. Sometimes a person may be asymptomatic and still be experiencing arrhythmia.

Diagnosis of Arrhythmia

A routine physical may reveal an irregular heart beat.

An ECG is the most accurate way to diagnose arrhythmia.

An Exercise ECG (stress test) can indicate whether exercise causes or aggravates the condition.

Treatment for Arrhythmia

In an emergency situation, electrical shock (defibrillation) is used to quickly return the heart to its regular rhythm.

Medication may be prescribed to prevent recurrence of the arrhythmia.

A pacemaker may be implanted when the heart's own pacemaker is not functioning properly.

Implantable defibrillators are sometimes used. These devices are able to quickly detect an arrhythmia and automatically shock the heart back into its normal rhythm.

IN ORDER TO EVALUATE THE PROSPECT'S INSURABILITY YOU NEED TO ASK THE FOLLOWING IMPORTANT QUESTIONS:

Does the client currently smoke?

Clients who smoke and have cardiac arrhythmia are not necessarily uninsurable; however smoking is a major risk factor for all forms of coronary disease. Medical outcome will be poorer for smokers. Underwriting offers will clearly be more expensive.

What kind of arrhythmia does the client have?

The most common types of cardiac arrhythmia include: premature beats, atrial fibrillation/flutter, super ventricular tachycardia, and ventricular tachycardia.

Is the client currently experiencing attacks of arrhythmia?

It is important to establish whether the arrhythmia is "chronic" (on going) or "paroxysmal" (intermittent).

What current medications is the client taking?

An irregular heart rhythm can be benign or it can be lethal. It may require only observation, or it may require multiple medications. Sometimes a pacemaker is required. This information is critical in evaluating the client's insurability and pricing.

Does the client have a pacemaker?

The presence of a pacemaker does not automatically mean that your client is uninsurable. It does tend to indicate that the arrhythmia is more complicated, and potentially lethal. Most of these clients are insurable on a highly rated basis.

Does the client have any other medical problems?

Cardiac arrhythmia in combination with coronary artery disease, heart attack, coronary angioplasty, bypass surgery, or diabetes will almost certainly result in a declination for coverage.