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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."

Atrial fibrillation is the most common heart rhythm abnormality in the elderly. It is essentially a highly irregular pulse.

WHEN THE HEART RATE IS TOO HIGH the upper chambers of the heart (the atria are beating very fast (500 to 600 beats per minute). They cannot pump the blood efficiently resulting in dizziness, shortness of breath, chest pain, loss of consciousness, stroke, and sometimes immediate death.

WHEN THE HEART RATE IS TOO LOW the patient feels very poorly. In some persons atrial fibrillation is not continuous. It starts and stops on its own.

Underwriting

Atrial Fibrillation

When fibrillation stops, the normal "sinus node" pacemaker of the heart is supposed to immediately restore the normal heart rate. If it takes too long to start functioning properly, or it functions too slowly this condition is called *tachycardia-bradycardia*.

Approximately 25% of all pacemakers are implanted to control this condition.

What causes Atrial Fibrillation?

- Hypertension
- Coronary Artery Disease
- Following Heart Surgery
- Valve Disease
- Chronic Lung Disease
- Heart Failure
- Cardiomyopathy
- Congenital Heart Disease
- Pulmonary Embolism
- Pericarditis.

In 10% of cases, there is no underlying heart disease. Atrial fibrillation may be caused by alcohol, excessive caffeine, stress, medications, electrolyte or metabolic imbalances, or severe infections.

What are the symptoms of atrial fibrillation?

Heart palpitations. Lack of energy or feeling very tired. Dizziness, feeling lightheaded or faint. Chest pain, pressure or discomfort in the chest. Shortness of breath – difficulty breathing even at rest.

How is atrial fibrillation treated? Medication

Antiarrhythmic drugs to control the sinus rhythm. Heart rate control drugs to control the heart rate.

Anticoagulants such as aspirin, warfarin, or heparin to minimize the risk of blood clots forming and causing stokes.

Lifestyle Changes

Eliminate smoking and also limit or eliminate alcohol usage. Limit or reduce the use of caffeine. Beware of stimulants in cough and other medications.

Heart Surgery

Some patients may be candidates for the Maze procedure to correct the problem causing the electrical impulses to do their work improperly.

Pacemaker Implantation

The pacemaker sends electrical impulses to the heart to maintain a proper heart rate as well as sense the heart's electrical activity.

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 experience atrial fibrillation are not necessarily uninsurable; however smoking is a major risk factor for all forms of heart disease. Medical outcome will be poorer for smokers. Underwriting offers will clearly be more expensive. When was the condition first diagnosed?

Newly discovered cases will always be postponed until properly diagnosed and the condition is stabilized. How many attacks have been experienced, what is their duration, are they increasing in frequency or severity?

With multiple episodes, especially if they are increasing in frequency or severity, you may have a very difficult time placing the risk.

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 pric-

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?

Atrial fibrillation, in combination with coronary artery disease, heart attack, coronary angioplasty, bypass surgery, or diabetes, will frequently result in a severe rating, if not a declination for coverage.