

HYPERTENSION

(Elevated Blood Pressure)



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."

Hypertension (high blood pressure) occurs when the body's smaller blood vessels narrow, causing the blood to exert excessive pressure against the vessel walls. The heart must therefore work harder.

Although the heart can tolerate increased blood pressure for years, eventually the heart can enlarge and be damaged. Injury to blood vessels in the kidneys, brain, and the eyes can also occur.

Two numbers are used to measure blood pressure.

The *SYSTOLIC PRESSURE* (higher number) is measured as the heart contracts to pump out the blood. The *DIASTOLIC PRESSURE* (lower number) is measured as the heart relaxes, allowing the blood to flow into the heart.

Optimal blood pressure is 120/80 or less. Normal is 130/85. Anything in excess of 140/90 is abnormal, should be treated, and puts one at higher risk for heart attacks and stroke.

For insurance underwriting purposes your client will not qualify with most companies if his readings are in excess of:

Preferred Plus	140/85
Preferred	150/90
Standard	155/95

At older ages these readings are usually liberalized somewhat.

Approximately one third of patients with high blood pressure are overweight. Even moderate obesity dramatically increases the risk of high blood pressure. More men than women have hypertension until age 55, after that women are much more likely to have high blood pressure than men. High blood pressure is more prevalent and dangerous in African Americans than any other group. Heredity is significant, as are emotional factors, seasonal factors, and lifestyle. Cold weather may narrow blood vessels. Lack of light has also been associated with higher blood pressure, as is smoking.

IN ORDER TO DETERMINE INSURABILITY FOR SOMEONE WITH A HISTORY OF HYPERTENSION YOU NEED TO KNOW:

Does the client currently smoke?

Smokers with hypertension are insurable, however smoking not only contributes to high blood pressure; it increases as well the likelihood of heart attack, stroke, etc.

When was the client first diagnosed with hypertension?

High blood pressure that is not well controlled is lethal. It can lead to heart attack, stroke and kidney failure. The longer the condition goes untreated, the greater likelihood of serious organ damage.

What medications is the client taking?

If high blood pressure cannot be easily controlled, stronger medication may be called for, or more than one medication may be necessary. The more medications that are necessary, the stronger the dosage, the more severe the hypertension, and the more likely is there to be serious organ damage.

Has the client had any complications of hypertension such as heart disease, near stroke, or stroke, or kidney problems?

Hypertension is officially a form of heart disease. Complications can include angina, heart attack, coronary angioplasty, coronary bypass surgery, or heart failure. It is important to determine the details and dates of treatment to accurately evaluate the risk.

Has the client undergone any form of cardiac testing?

The major concern with hypertension is the potential for heart disease. Clients who have undergone cardiac testing such as exercise treadmill testing with good results may qualify for preferred rates.

Has the client undertaken any lifestyle changes?

Weight loss, exercise, low fat diet, quit smoking, and reduced alcohol intake all have positive effects on hypertension. Any or all of these lifestyle changes can only have a positive impact upon the underwriting outcome.