



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."

Pulmonary Thromboembolism is a common, serious, and potentially fatal complication of a blood clot – venous thrombosis.

Approximately five million Americans suffer from venous thrombosis every year, approximately 600,000 develop *pulmonary embolism*, and 200,000 die. This makes pulmonary embolism the third most common cause of death in the United States.

Pulmonary embolism is the blocking of the pulmonary artery by a blood clot, fat (from bone fractures), air (from

catheters), sepsis (from infection), and tumor cells.

In approximately 90% of cases, pulmonary embolism is the result of deep vein thrombosis in the lower extremities. The deep veins in the major calf muscles are the most common site, and these small clots, which are carried upward, can break off and be carried to the lungs.

When circulation is poor the blood tends to coagulate. It may clot rather than continue to circulate due to injury to the vessel wall, varicose veins, disease, side effects from medication, and sometimes due to pregnancy.

With any deep vein thrombosis, anything that narrows the vessels or weakens the force of the heartbeat causes blood circulation to slow down, creating the conditions for venous pooling and clot formation.

Disease Risk Factors

Family History – If either of your parents has a history of cardiovascular disease – particularly if they were under 60 years of age when symptoms first appeared, then your chances of having similar problems may be higher.

Smoking – Tobacco smoke reduces the amount of oxygen carried in the blood and may damage the vessel walls, potentially increasing your risk of clot formation. Smoking is a major factor contributing to all forms of cardiovascular disease and stroke.

Hypertension – Elevated blood pressure is both an indicator and a risk factor for all forms of cardiovascular disease. It is important to have your blood pressure checked regularly, and through weight loss, exercise, stress reduction, and medication if necessary try to lower your blood pressure to normal levels, and keep it there.

Diabetes – Glucose intolerance and diabetes promote clot formation and may increase the risk of thrombosis.

High Cholesterol – High levels of cholesterol promote the buildup of plaques within the walls of the blood vessels, constricting circulation. This

can promote clotting, but the risk of a coronary event is extremely great when a plaque ruptures.

Obesity – Obesity is now recognized as a significant risk factor. Central obesity – the "Apple" shape is associated with insulin resistance, glucose intolerance, and diabetes, as well as cardiovascular disease risk.

Homocysteine – An amino acid that promotes coronary artery disease and stroke by encouraging clot formation and impairing the ability of damaged vessels to heal themselves. High levels are associated with a deficiency of folic acid and vitamins B6 and B12.

Physical Inactivity – Even moderate daily exercise can help reduce cardiovascular disease risk by helping to reduce blood pressure, preventing central obesity, and improving glucose tolerance.

Excessive Alcohol – In women, an average of more than one drink per day, two drinks per day in men, can contribute to increase blood pressure and stroke.

Diagnosing pulmonary embolism can be difficult.

Difficulty in breathing and pain when taking a deep breath will frequently make the doctor suspect a pulmonary embolism and order additional tests including an EKG, which is frequently found to be abnormal. Abnormal blood tests, and an abnormal chest x-ray will frequently confirm the diagnosis.

UNDERWRITING PROGNOSIS

Following a diagnosed pulmonary embolism, an applicant for life insurance will be postponed for several months to make sure that the recovery is complete and to be certain that the chance of a recurrence is slight.

In most cases, with proper medical treatment, and where the likelihood of recurrence is slight, a Standard insurance issue should be possible.

In those cases involving multiple episodes of pulmonary embolism, a longer postponement would be likely, as would a moderate rating.