

HEART DISEASE — AORTIC REGURGITATION

Overview:

Aortic regurgitation, also referred to as *aortic insufficiency*, refers to a leakage of blood through an abnormal aortic valve, resulting in a back flow of blood back into the left ventricle, the heart's lower main pumping chamber. This condition may be due to a congenital abnormality, aortitis (inflammation of the aorta), endocarditis (infection of the valve), atherosclerosis, rheumatic fever, ankylosing spondylitis (inflammation of the joints in the spine) or untreated syphilis.

Aortic regurgitation may be asymptomatic and is often diagnosed during routine (or insurance company) exam as a heart murmur. Moderate and severe cases may lead to light headedness, blackouts, breathlessness during exercise or even at rest, and edema. The heart compensates for the insufficient blood flow by working harder. Over time, this can lead to left ventricular heart muscle thickening (hypertrophy) and/or dilation and eventual heart failure.

Impact on Life Underwriting:

Aortic regurgitation is rated based on the severity of abnormal aortic valve functioning, the age of the proposed insured at diagnosis and currently, and the cause of the condition. In general, mild cases, especially if due to congenital defects that are unlikely to accelerate rapidly, not normally rated. Causes of aortic regurgitation that are *degenerative* (i.e. are likely to get worse) lead to ratings. A rating will depend on the rate of valvular deterioration, and the likelihood and timing of valvular repair or replacement. Best case scenarios are around a Table 4; Table 6 to 8 is common; cases where valvular surgery is in the near future are postponed until after successful surgery and recovery. SB 04/20/2001

Aortic Regurgitation Classification			
	Mild	Moderate	Severe
Patient reported symptoms	None	Usually none, possibly edema	Light headedness, breathlessness
Electrocardiogram findings	Often normal; sometimes minor T-waves.	High voltage with minor to major T-waves.	High voltage with minor to major T-waves; ST depressions.
Heart enlargement	None to 15% enlargement	15% to 25% enlargement	Heart enlarged 26% or more
Echo Doppler	Mild	Moderate	Severe
Echocardiogram shows left ventricular end systolic size:	Normal	Less than 55 mm	More than 55 mm
Echocardiogram indicates left ventricular wall thickness is:	Normal	Normal	Normal or increased
Echocardiogram indicates left ventricular function to be:	Normal	Normal	Decreased
Echocardiogram indicates left ventricular ejection fraction:	Increased	Increased	Less than 50%

Aortic Regurgitation Rating Schedule			
Age	Mild	Moderate	Severe
0 - 19	Table 4 - 8	Table 8 - 16	Decline
20 - 39	Table 2 - 6	Table 6 - 12	Decline
40 - 59	Table 2 - 4	Table 4 - 8	Highly Rated - Decline
60 and up	Standard - Table 4	Table 2 - 6	Highly Rated - Decline



Phone: 1-888-227-3131 Ext. 600

Fax: 215-233-3683

Email: LIFE@ABSgo.com

HEART DISEASE—AORTIC REGURGITATION QUESTIONNAIRE

Agent: _____

Phone: _____

Fax: _____

Proposed Insured Name: _____ M F Date of Birth: _____

Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship

Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____

Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): Y N

If Yes, please provide details: _____

When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) *Date of diagnosis:* _____

(2) *Have you been diagnosed or have you experienced any of the following:*

- Light headedness Breathlessness Blackouts Aortic stenosis Coughing up blood
- Rheumatoid arthritis Syphilis Ankylosig spondylitis Marfan's syndrome Edema
- Elevated Cholesterol - most recent known levels: Date: _____ LDL _____ HDL _____ Triglycerides _____
- High blood pressure - most recent reading(s): _____
- Diabetes - age of onset: _____ Recent A1C test result: _____ (also, please ask us for our Diabetes Questionnaire)
- Family history of heart disease. If yes, who and at what age(s) diagnosed: _____
- Other: _____

(3) *Provide dates if any of the following tests or procedures (a) have been done or (b) have been recommended to be done?*

- Resting EKG: _____ Stress EKG: _____
- Thallium Stress EKG: _____ Echocardiogram: _____
- Coronary Catheterization: _____ Stress Echocardiogram: _____
- Valve replacement surgery - which valves? _____
- Angioplasty - what specific type? (e.g. balloon...) _____
- Bypass Surgery: _____ Number of vessels involved: _____
- Other: _____

(4) *Does the proposed insured take any current medications, including aspirin?* No Yes Details: _____

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

(5) *Does the proposed insured follow a specific diet (e.g. vegetarian) or take dietary supplements (vitamins, folic acid, etc.)?*

- No Yes Details: _____

(6) *Does the proposed insured engage in any regular exercise or sporting activity?*

- No Yes Details: _____

(7) *Are there any other conditions that may impact life underwriting? If yes, please describe:* _____



Phone: 1-888-227-3131 Ext. 600

Fax: 215-233-3683

Email: LIFE@ABSgo.com