

HEART DISEASE — AORTIC STENOSIS

Overview:

Aortic stenosis is a narrowing of the aortic valve opening, causing obstruction of the flow of oxygenated blood into the circulatory system. This condition forces the heart to work harder and causes the left ventricular muscles to thicken over time. The most common cause for aortic stenosis is deposition of calcium on the aortic valve, a condition typically associated with *atherosclerosis*. Sometimes the condition is congenital. Cardiomyopathy, or heart muscle disease, can also cause aortic stenosis, especially when the condition leads to thickening of the heart muscle around the aortic valve.

Many individuals with aortic stenosis experience no symptoms. They are often surprised to learn of the condition following a routine exam that included the detection of a *heart murmur*. Specific diagnosis is made via EKG, echocardiogram, catheterization, or chest X-ray. Individuals who experience symptoms report shortness of breath, fainting spells, chest pain on exertion, and breathing difficulty. Severe aortic stenosis may be treated with valve replacement surgery.

Impact on Life Underwriting:

Aortic stenosis is evaluated based on the severity of the condition, the age of the proposed insured at diagnosis and currently, and the cause of the condition. Mild cases, especially those due to congenital defects that are unlikely to accelerate rapidly, can sometimes be insured at standard rates, although low tables are common. Degenerative cases of aortic stenosis may require valve replacement surgery. These cases are highly rated or postponed, depending on the likelihood and timing of possible valve surgery. SB 04/20/2001

Aortic Stenosis Classification			
	Mild	Moderate	Severe
Patient reported symptoms	None	Usually none	Chest pain, light headedness, breathlessness
Electrocardiogram findings	Often normal; sometimes of high voltage or 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%; left ventricular hypertrophy	None to 25%; pulmonary congestion	Heart enlarged 26% or more
Echocardiogram indicates left ventricular function to be:	Normal	Normal	Decreased
Echocardiogram indicates left ventricular wall thickness is:	1.1 cm or less	1.2 to 1.5 cm	1.5 cm and up
Echocardiogram indicates valve orifice to be:	1 cm ² to 1.5 cm ²	.75 cm ² to .99 cm ²	.74 cm ² or less
Echocardiogram indicates valve gradient to be:	20 mm to 40 mm	41 mm to 80 mm	81 mm or higher

Aortic Stenosis Approximate 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



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HEART DISEASE—AORTIC STENOSIS 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 regurgitation Coughing 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:* _____



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