

HEART DISEASE—MITRAL VALVE REGURGITATION

Overview:

Mitral regurgitation, sometimes also called *mitral insufficiency* or *mitral incompetence*, refers to the failure of the mitral valve of the heart to close properly. This allows blood to leak back into the left atrium during left ventricular contractions. Mitral regurgitation forces the left side of the heart to work harder to clear the regurgitated blood. In severe cases, this can lead to *heart failure*. There are various underlying causes for mitral valve regurgitation.

Impact on Life Underwriting:

Mitral valve regurgitation is rated based on the severity of abnormal 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 rated. Causes of mitral valve 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

Mitral Regurgitation Classification			
	Mild	Moderate	Severe
Patient reported symptoms	None	Usually none	Light headedness, breathlessness; sometimes edema
Electrocardiogram findings	Often normal; sometimes minor T-waves.	High voltage with minor T-waves.	High voltage with minor to major T-waves; ST depressions.
Left atrium size	None to 15% enlargement	Enlarged	Enlarged
Heart size	Normal or enlarged less than 15%	15% to 25% enlargement	Heart enlarged more than 25%
Echo Doppler	Mild	Moderate	Severe
Echocardiogram shows left ventricular end systolic size:	Normal	Up to 60 mm	More than 60 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:	Greater than 70%	Greater than 55%	Less than 55%
Left ventricular end systolic volume index:	Less than 50 ml/m ²	Less than 50 ml/m ²	Greater than 55 ml/m ²

Mitral Regurgitation 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	Decline
60 - 69	Standard - Table 4	Table 2 - 6	Decline
70 and older	Preferred - Table 4	Table 2 - 6	Decline



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HEART DISEASE — MITRAL VALVE 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 Mitral Stenosis 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: _____ (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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