

HEART DISEASE—MITRAL VALVE STENOSIS

Overview:

Mitral stenosis refers to the narrowing of the orifice of the mitral valve of the heart. This causes the atrial portion of the left side of the heart to work harder to force blood through the narrowed valve. This may lead first to left sided, and later possibly right sided, *heart failure*. Mitral stenosis often occurs with *mitral regurgitation/insufficiency*. Symptoms include shortness of breath, initially during exertion. However, as the condition progresses, shortness of breath will be experienced even at rest. Other symptoms and signs include palpitations, atrial fibrillations, and congestion of the lungs, which can lead to the coughing up of blood. Treatment is initially attempted with medications, especially to prevent endocarditis (inflammation of the valve). Valve replacement surgery is sometimes recommended and the procedure may have to be done more than once. Mitral stenosis may be due to scarring of the valve from an earlier bout of rheumatic fever. However, for a significant number of cases, there is no firm known cause.

Impact on Life Underwriting:

Mitral 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 mitral 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

Mitral Stenosis Classification			
	Mild	Moderate	Severe
Patient reported symptoms	None	Usually none; sometimes shortness of breath with exertion	Light headedness, breathlessness, coughing up blood
Electrocardiogram findings	Normal	Abnormal P	Abnormal P, atrial fibrillation
Heart enlargement	None	Left atrial enlargement	Left atrial enlargement
Echocardiogram indicates left atrium is:	Normal	Dilated	Dilated
Echocardiogram indicates left ventricular function to be:	Normal	Normal	Decreased
Echocardiogram indicates valve orifice to be:	1.5 cm ² to 2 cm ²	1 cm ² to 1.49 cm ²	less than 1 cm ²
Echocardiogram indicates valve gradient to be:	less than 25 mm	less than 25 mm	25 mm or greater
Pulmonary hypertension is:	Absent	Normally Absent	Usually Present

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



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HEART DISEASE — MITRAL VALVE 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 Mitral regurgitation Caughing 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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