

IMPAIRED RISK REFERENCES

Issue 6

Underwriting Atrial Fibrillation

THE CASE

STUDY FOR

THIS MONTH

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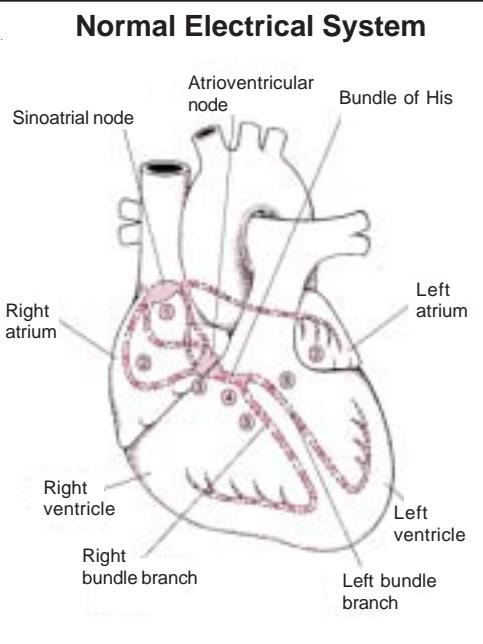
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A 55-year-old man is looking for \$750,000 of term life insurance. His only medical problem was a recent onset of palpitations that his doctor evaluated and is treating. An APS indicates an electrical problem with atrial fibrillation. The EKG done at exam reveals the known atrial fibrillation.

The heart muscle is controlled by an electrical wave. As with any muscle, that wave affects the way the heart muscle functions. Normally, the wave comes at a steady rate and from the same location with each beat of the heart. A wave disturbed from its normal pattern is known as an "arrhythmia." One such disturbance is atrial fibrillation. This is the most common sustained arrhythmia and occurs at all ages. At age 55, it is present in about 1-2 percent of people, but is a problem in over 10 percent of the people over age 70 years.

In atrial fibrillation, the electrical wave is erratic at its origin, in the upper chamber of the heart. Instead of the wave beginning in one single location, it attempts to begin at about 400 places in the upper two chambers of the heart. This causes the upper heart muscles to contract erratically (they actually just quiver). The victim often perceives this activity in the heart as palpitations or shortness of breath.

The mortality risk with atrial fibrillation is related to two main issues: the cause and the effect. The causes are often heart diseases but also some lung diseases. The heart diseases range from coronary artery disease, valve disease, heart enlargement of various causes including high blood pressure, and other diseases. Sometimes there is no cause found, a condition known as "Lone Atrial Fibrillation." Even in these cases, there is still extra mortality risk.



The effects of atrial fibrillation can also increase the mortality risk. When the heart's electrical system malfunctions, the blood being pumped by the upper chambers has the tendency to stagnate and form small clots. These clots can flow along with the normal blood and do harm to other areas outside the heart. This is especially problematic in the brain. The brain is the most sensitive tissue in the body to reduced blood flow. A clot that stops the blood flow in a small artery in the brain can result in a stroke.

For this reason, a blood thinner is often the treatment given for atrial fibrillation. A blood thinner decreases the chance a stroke will happen, but it does not eliminate or normalize that chance. A chance of a stroke happening is reduced by about 75 percent. So a person on a blood thinner still has some additional mortality risk.

There are other concerns related to the heart beating too rapidly in atrial fibrillation and also the side effects of the medications being taken. These problems are less of a concern than the possibility of other heart disease occurring and of the chance of a stroke.

In the case study mentioned above the risk assessment by the underwriter is most likely a table two which amounts to a 50 percent increase in the mortality cost of life insurance. Actuarially, this assessment amounts to an only a three year reduction in the life expectancy of about 30 years in a 55 year old man.



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