



Myocardial Infarction (heart attack)

Heart attacks are a leading cause of death in America.

They result from blood vessel disease in the heart. Infarction occurs as the blood supply to an area becomes totally blocked, usually as a result of coronary artery disease. An area of partial blockage may clot (thrombose) or may rupture causing an obstruction to the blood supply to heart muscle. If the blood supply is cut off drastically or for a long time, muscle cells suffer irreversible injury and die. Disability or death can result, depending on how much heart muscle is damaged.

The diagnosis of myocardial infarction is usually made by the presence of severe chest pain, characteristic electrocardiographic changes, and elevated cardiac enzymes. *Silent* myocardial infarctions (wherein the patient has no knowledge that an infarction occurred at some time in the past) are fairly common, especially in diabetics, and may be noted on the ECG during an insurance work-up. Sometimes a coronary artery temporarily goes into spasm. When this happens the artery narrows and blood flow to part of the heart muscle decreases or even stops. What causes a spasm is unclear, but it can occur in normal blood vessels as well as vessels partially blocked by atherosclerosis. If a spasm is severe, a heart attack may result.

An applicant who has suffered a myocardial infarction will be rated a minimum of Table B-D range. The following factors will lead to a higher rating.

- younger ages
- more than one heart attack
- ongoing episodes of angina or chest pain
- new ECG changes
- diabetes
- obesity
- uncontrolled hypertension or other cardiovascular or renal disease
- decreased left ventricular function
- the degree of coronary artery disease
- complications such as persistent arrhythmias
- poor lipid control

On the favorable side, a normal follow-up stress electrocardiogram (treadmill test) of adequate duration completed within the past year may offset part of the rating.

Most applicants with a history of myocardial infarction can be issued a rated individual life insurance policy. For those few applicants not eligible for individual life insurance policies, our survivorship products are often available.

To get an idea of how a client with a heart attack history would be viewed in the underwriting process, feel free to use the *Ask "Rx" pert underwriter* on the reverse side for an informal quote.

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Heart Attack - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has had a myocardial infarction (heart attack), please answer the following:

1. Please list date(s) of the heart attack(s): _____
2. Has your client had any of the following:
 - echocardiogram _____ (date)
 - coronary catheterization _____ (date)
 - coronary angioplasty _____ (date) _____ (# of vessels)
 - bypass surgery _____ (date) _____ (# of vessels)
 - heart failure _____ (date)
 - arrhythmias _____ (date)
3. Is your client on any medications (including aspirin)?
 - yes, please give details _____
 - no
4. Has a follow-up stress (exercise) ECG been completed since the heart attack?
 - yes, normal _____ (date)
 - yes, abnormal _____ (date)
 - no
5. Has your client had any chest discomfort since the heart attack?
 - yes, please give details _____
 - no
6. Please check if your client has had any of the following:
 - abnormal lipid levels
 - overweight
 - high blood pressure
 - irregular heart beats
 - cerebrovascular or carotid disease
 - diabetes
 - elevated homocysteine
 - peripheral vascular disease
7. Has your client smoked cigarettes in the last 12 months?
 - yes
 - no
8. Does your client have any other major health problems (ex: cancer, etc.)?
 - yes, please give details _____
 - no

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).

After reading the *Rx for Success* on Myocardial Infarction, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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