



## Rx FOR SUCCESS

## 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 is individually underwritten using multiple factors. 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. Those with one vessel disease, normal left ventricular function, and improved cardiac risk factors may be standard. 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, use the Ask "Rx"pert Underwriter on the next page for an informal quote.*

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

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**Ask “Rx”pert Underwriter (Ask Our Expert)**

After reading the *Rx for Success* on Myocardial Infarction, use this Ask “Rx”pert Underwriter for an informal quote.

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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Abnormal lipid levels | <input type="checkbox"/> Diabetes                           |
| <input type="checkbox"/> Overweight            | <input type="checkbox"/> Elevated homocysteine              |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Peripheral vascular disease        |
| <input type="checkbox"/> Irregular heart beat  | <input type="checkbox"/> Cerebrovascular or carotid disease |

**7. Has your client smoked cigarettes in the last 12 months?**

- Yes  No

**8. Does your client have any other major health problems (e.g., 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).