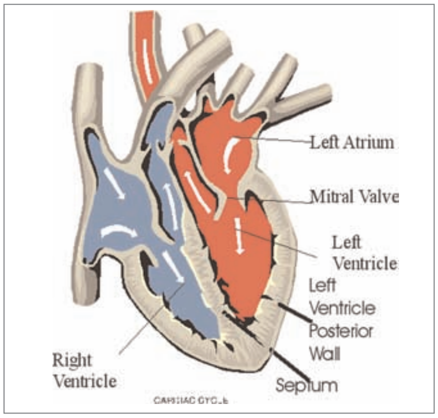
Rx FOR SUCCESS

Hypertrophic Cardiomyopathy

Hypertrophic cardiomyopathy is a disorder of the muscle cells of the heart, producing overly thick areas in the chamber walls. The most commonly affected areas of the heart are the apex of the heart and the central column of muscle (called the septum) with or without thickening of the posterior wall of the left ventricle.



Hypertrophic cardiomyopathy (HCM) is the preferred name for this disorder, but it may also be called asymmetric septal hypertrophy (ASH) or idiopathic subaortic stenosis (IHSS).

Persons with HCM can appear outwardly healthy, active, and fit. Nothing is visible on physical examination although some may have a soft murmur. If symptoms are present at all, they are usually mild - such as mild shortness of breath, mild chest pain, and palpitations. Abnormalities are often seen on electrocardiogram, including high voltage, T wave changes, and abnormal rhythms or premature beats. The best test is the echocardiogram which provides a more exact evaluation of chamber wall thickness, ventricular function and pressure, and valve status. A useful measurement taken from the echocardiogram is the septal-to-left ventricular posterior wall ratio.

$$\frac{\text{Septal thickness}}{\text{Left ventricular posterior wall thickness}} = \text{Ratio}$$

If the ratio is over 1.3, HCM is likely present.

In those with bothersome shortness of breath or palpitations, medication may help. In particularly worrisome cases, the attending cardiologist may recommend that a pacemaker or defibrillator be placed to control heart rhythm; and extreme cases may require surgical removal of excess heart muscle through a procedure called a myomectomy.

FOR INTERNAL USE ONLY. NOT FOR USE WITH THE PUBLIC.

Your Success Matters.

{Name
Phone Number
E-mail Address
Website Address}

Prudential

751 Broad Street, Newark, NJ 07102-3777
Rx091 IFS-A066816 Ed. 06/07 Exp. 12/08

Despite the mildness of symptoms, the lack of physical findings, and treatment options, this disorder presents significant risks in life underwriting. These include fainting spells, dangerous heart rhythms, congestive heart failure, stroke, and sudden death.

Many applicants with HCM can be offered life insurance - although a rating will be applied to most. Best cases are described as:

Apical or septal hypertrophy where all walls are under 1.7 cm. In addition, there are no more than trivial mitral regurgitation, no treatment other than anti-hypertensive medication, and no symptoms.

Underwriting consideration for such cases absent other significant impairment is noted below:

Age at application	
Age 30 to 39	Table G
Age 40 to 49	Table E
Age 50 to 59	Table D
Age 60 and over	Table C

Cases that will likely be declined include:

- Age under 30
- Surgical treatment of HCM such as pacemaker placement, MAZE, myomectomy, defibrillator (*AICD)*
- Family history of sudden cardiac death
- Any history of arrhythmia or syncope, or taking anti-arrhythmics such as digoxin, amiodarone, etc.
- Outflow tract gradient (*that is, obstruction*)
- Obliteration of the LV cavity
- Septal or posterior wall over 2.1 cm
- Any history of congestive heart failure
- Mitral regurgitation greater than mild
- Symptoms beyond minimal dyspnea

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

☐ ☐
☐ ☐
☐ ☐
☐ ☐

☐
☐

☐
☐

☐
☐
☐

☐
☐

☐
☐