



## 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. Extreme cases may require surgical removal of excess heart muscle through a procedure called a myomectomy.

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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	TABLE
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 HCM would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.*

## Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on HCM, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client is known to have a history of enlarged heart, please answer the following:

## 1. Please list date of diagnosis.

\_\_\_\_\_

## 2. Have any of the following symptoms occurred?

Fainting or dizziness     Yes     No  
 Palpitations             Yes     No  
 Shortness of breath     Yes     No  
 Chest pain                 Yes     No

## 3. Has an echocardiogram been done?

Yes. Please submit a copy of the report. \_\_\_\_\_  
 No

## 4. Is your client on any medications?

Yes. Please give details. \_\_\_\_\_  
 No

## 5. Has treatment other than medication (please note above) been given? (Check all that apply.)

Pacemaker  
 Defibrillator  
 Heart surgery

## 6. Has your client smoked cigarettes in the last 12 months?

Yes  
 No

## 7. Does your client have any other major health problems (e.g., cancer, etc.)?

Yes. Please give details. \_\_\_\_\_  
 No