



## Rx FOR SUCCESS

## Aortic Valve Disorders

### AORTIC STENOSIS (AS)

Aortic stenosis is narrowing of the aortic valve. It may be congenital or acquired. If AS is present at birth (congenital), it can be severe, requiring surgical intervention early in life. Acquired AS is usually caused by calcification, sclerosis, and degeneration of the aging valve. It is often associated with atherosclerosis of the arteries, including the coronary arteries. A common congenital heart abnormality is the bicuspid aortic valve (having two valve cusps instead of the normal three). People born with this valve anomaly usually don't have stenosis in youth, but can slowly progress to AS over time. Rheumatic fever and endocarditis may cause AS, but these are much less common.

AS produces a systolic murmur, which is transmitted to the carotid arteries in the neck. The main symptoms are shortness of breath (dyspnea), chest pain (angina), fainting (syncope) upon exertion, and congestive heart failure (CHF). Because only severe disease causes symptoms, individuals who are symptomatic are not insurable. Severe disease requires valve replacement.

In underwriting, AS is classified as minimal (peak gradient  $\leq 15$ mmHg), mild (valve opening  $> 1.5$  cm<sup>2</sup> and peak gradient  $\leq 35$ mmHg), moderate (valve opening 1.0 – 1.5 cm<sup>2</sup> and peak gradient  $\leq 50$ mmHg), or severe (valve opening  $< 1.0$  cm<sup>2</sup>).

Table A-B is applied to applicants under age 50 who have calcified or bicuspid valves. Applicants under age 15 with AS are generally declined. For ages 15 and over, the following schedule applies.

AGES	MINIMUM AS	MILD AS	MODERATE AS	SEVERE AS
15 – 29	Table B	Table D	Table F	Decline
30 – 44	Table A	Table C	Table E	Decline
45 – 59	Table A	Table B	Table D	Decline
60 – 74	Non-rated	Table A	Table C	Decline
75+	Non-rated	Non-rated	Table B	Decline

### AORTIC INSUFFICIENCY (AI)

Aortic insufficiency is the failure of the aortic valve to close properly, thus allowing the flow of blood backward into the left ventricle. Two common causes of AI are progressive degeneration of the congenitally bicuspid valve and progressive degeneration of the aging valve from calcification and sclerosis. As with AS, endocarditis (infection of the heart valve) and rheumatic fever are less common causes of AI.

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.

Life insurance is issued by The Prudential Insurance Company of America, Newark, NJ, and its affiliates.

**NOT FOR CONSUMER USE.**

© 2017 Prudential Financial, Inc. and its related entities.  
0197901-00004-00 Ed. 1/2017 Exp. 1/11/2019 Rx 021



**Prudential**  
Bring Your Challenges<sup>®</sup>

AI may exist for many years without producing symptoms. Eventually, palpitations, shortness of breath, chest pain, and congestive heart failure develop. It produces a diastolic murmur, which is widely transmitted over the chest. Aortic insufficiency (AI) is also referred to as aortic regurgitation (AR). Most severely regurgitant valves require replacement. Sometimes, repair is possible.

Table A-B is applied to applicants under age 50 who have calcified or bicuspid valves.

AI is classified as mild, moderate or severe depending upon the amount of backflow of blood across the valve. Applicants under age 15 with AI are generally declined. For ages 15 and over, the following schedule applies.

AGES	MILD AS	MODERATE AS	SEVERE AS
15 – 29	Table C	Table E	Table G to decline
30 – 44	Table B	Table D	Table G to decline
45 – 59	Table A	Table C	Table G to decline
60 – 74	Non-rated	Table B	Table G to decline
75+	Non-rated	Table A	Table G to decline

Non-rated cases would be eligible for Preferred categories if otherwise qualified.

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

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

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

If your client has an Aortic Valve Disorder, please answer the following:

#### 1. How long has this abnormality been present?

(Years) \_\_\_\_\_

#### 2. Please check the type(s) of aortic valve disorder present.

- Aortic stenosis  
 Aortic sclerosis  
 Aortic insufficiency

#### 3. Have any of the following occurred?

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| Chest pain          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Palpitations        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trouble breathing   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dizziness, fainting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart failure       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### 4. Is there a history of any other heart disease in addition to the aortic valve disorder (e.g., problems with other valves, coronary artery disease, etc.)?

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

#### 5. Have additional studies been completed? (Check all that apply.)

- Echocardiogram \_\_\_\_\_ (date)  
 Cardiac catheterization \_\_\_\_\_ (date)  
 None

#### 6. Is your client on any medications?

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

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

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