



Rx FOR SUCCESS

Mitral Valve Disorders

MITRAL STENOSIS (MS)

Mitral stenosis is narrowing of the mitral valve. It produces a diastolic murmur. Once common due to rheumatic fever, it is now somewhat rare. Rheumatic MS has a progressive course, slow in the early decades and accelerating later in life. There can be a latent period of 20–40 years. Complications and symptoms include pulmonary hypertension, abnormal heart rhythms (e.g., as atrial fibrillation and premature contractions), shortness of breath, chest pain, and heart failure.

Significant MS requires surgical intervention. Surgery can be done through balloon dilation of the tight valve via a catheter approach—or the stenosis can be relieved via an open chest procedure. Sometimes, replacement of the valve is necessary.

In underwriting, mitral stenosis is classified as minimal, mild (valve opening $>1.5 \text{ cm}^2$), moderate (valve opening $1.0 - 1.5 \text{ cm}^2$), or severe (valve opening $<1.0 \text{ cm}^2$). Under age 15, applicants with MS are generally declined. For ages 15 and over, the following schedule applies. Mitral stenosis associated with complications, such as atrial fibrillation or heart failure, is usually uninsurable on an individual basis.

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

MITRAL REGURGITATION (MR)

Mitral regurgitation, also called insufficiency, occurs when the mitral valve doesn't close properly, allowing backward flow of blood into the left atrium. It produces a systolic murmur that is transmitted to the armpit (axilla). Most cases are due to mitral valve prolapse (MVP). Other causes include coronary artery disease, rheumatic fever, or endocarditis (infection of the heart valve). Some individuals with MR never develop symptoms. Others eventually experience shortness of breath, abnormal heart rhythms (e.g., atrial fibrillation), fatigue, weakness, and heart failure.

Significant MR requires surgical intervention. Successful repair (via an open chest procedure) of the valve (without replacement) has an excellent prognosis. Valve replacement is sometimes necessary.

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.

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0197902-00004-00 Ed. 01/2017 Exp. 01/11/2019 Rx 022



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In underwriting, mitral regurgitation is classified as mild, moderate or severe depending upon the amount of backflow of blood across the valve. Under age 15, applicants with MR are generally declined. For ages 15 and over, the following schedule applies.

AGES	MILD MS	MODERATE MS	SEVERE MS
15 – 29	Table B	Table E	Table G to Decline
30 – 44	Table A	Table D	Table G to Decline
45 – 59	Non-rated	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 may be eligible for preferred categories if they otherwise qualify.

Mitral regurgitation that leads to complications, such as atrial fibrillation or heart failure, is usually uninsurable on an individual basis.

MITRAL VALVE PROLAPSE (MVP)

Prolapse of the mitral valve refers to backward billowing of one or both mitral valve leaflets into the left atrium. The leaflets are often described as myxomatous, redundant, thickened, or floppy. MVP is sometimes “silent,” in that no abnormal heart sound is detected. Other persons with MVP may have a soft systolic heart murmur or a click. The best diagnostic test is the echocardiogram.

MVP usually is an idiopathic condition, meaning that the cause is unknown, but it can be part of an underlying connective tissue disorder. Because of its high prevalence (0.6–2.4%) in general population, MVP is the most common valvular cause of chronic mitral regurgitation, often requiring valve surgery.

Many individuals with MVP are asymptomatic. Others experience symptoms such as chest pain, palpitations, shortness of breath, or dizziness. The most important complication is progressive mitral regurgitation.

For the majority of applicants with MVP without regurgitation, particularly women, the prognosis is good and no rating is given. For applicants with MVP plus mitral regurgitation, a rating is applied, based on age and severity. See ratings above for mitral regurgitation. When underlying causes are found (e.g., Marfan or Ehlers Danlos syndromes) or when serious complications/symptoms develop, additional ratings (or rejection) may be necessary.

For those who have had mitral valve surgery, see the *Rx for Success* on Valvular Heart Surgery.

To get an idea of how a client with a history of MVP 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 Mitral 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 had mitral stenosis, regurgitation, and/or valve prolapse, please answer the following:

1. How long has this abnormality been present?

_____ Years

2. Was the sleep apnea diagnosed as:

- Mitral stenosis
- Mitral regurgitation
- Mitral valve prolapse (MVP)

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 | Atrial Fibrillation/Flutter | <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 mitral 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, and please send the reports.)

- 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

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

- Yes. Please give details. _____
- No