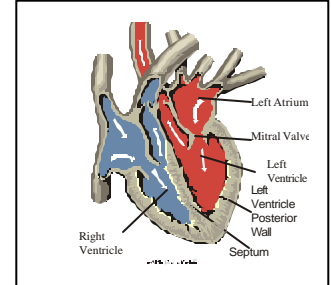




## Dilated Cardiomyopathy

Dilated cardiomyopathy, also known as congestive cardiomyopathy, indicates an enlarged heart disorder. The most common cause is advanced coronary artery disease. Other subtypes are: viral, alcoholic, postpartum and idiopathic. The term idiopathic means the cause is as yet unknown.

Common symptoms of congestive dilated cardiomyopathy include shortness of breath, fatigue and irregular heart beats. It carries a high mortality rate.



Drug therapy is the basis of treatment: beta blockers, ACE inhibitors, digitalis, diuretics, anti-arrhythmics, and anti-coagulants. In some cases, implantable defibrillator or heart transplant is necessary. Where alcohol is a factor, complete abstinence may lead to recovery. For ischemic cardiomyopathy, the underlying coronary artery disease must be treated.

Underwriting decisions for dilated cardiomyopathy will depend on the subtype. With ischemic cardiomyopathy, the rate will be based on the resultant coronary artery disease. For other forms, life insurance is generally not available within one year of diagnosis. For the alcoholic form, complete abstinence with improvement since diagnosis is required.

After one year, the underwriting classification is based on a stable or rising ejection fraction\*, using the following table.

<u>Ejection Fraction</u>	<u>Table</u>
≥ 55%	Non-ratable
50-54%	C
45-49%	E
40-44%	G
< 40%	Decline

\* Completed within the preceding 12 months

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

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**Dilated Cardiomyopathy - Ask "Rx" pert underwriter**  
***(ask our experts)***

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

If your client has a diagnosis of dilated cardiomyopathy, please answer the following:

- ① At what age was the disorder first diagnosed? \_\_\_\_\_
- ② Have any of the following symptoms occurred? (check all that apply)
- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| fainting or dizziness | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| palpitations          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| shortness of breath   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| chest pain            | <input type="checkbox"/> yes | <input type="checkbox"/> 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 health problems? (ex: cancer, etc.)  
 yes, please give details \_\_\_\_\_  
 no

After reading the *Rx for Success* on Dilated Cardiomyopathy, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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