



## Hypercoagulable Clotting Disorders

Hypercoagulable state is characterized by increased blood clotting resulting in clots (thrombus) forming in absence of bleeding. The thrombus may cause obstruction in the vein as in deep venous thrombosis (DVT) or in the arteries as in acute myocardial infarction (MI) or stroke (CVA). Small clots circulating in the blood can obstruct small arteries and cause acute tissue death; *i.e.* pulmonary (lung) emboli (PE), MI or CVA.

Recognized causes of the hypercoagulable state include congenital abnormalities, acquired diseases, physiological conditions and medications. The cause may be unknown. Some people experience no adverse effects; others are prone to thromboembolism and/or spontaneous abortions. Unless a precipitating event can be identified and removed, treatment is often life long anticoagulation (blood thinners). Anticoagulation therapy is an independent mortality risk due to bleeding complications.

Some of the more commonly encountered hypercoagulable conditions are listed below: protein S deficiency, protein C deficiency, factor V Leiden resistance, activated protein C resistance, hyperhomocysteinemia, prothrombin mutant, antithrombin III deficiency, antiphospholipid antibody syndrome, anticardiolipin antibody syndrome, lupus anticoagulant, oral contraceptive therapy, pregnancy and cancer.

### **Underwriting considerations (hypercoagulable state is generally underwritten by the resulting blood clotting disorder):**

- Spontaneous abortion/s without thromboembolism - rate for current therapy.\* If with thromboembolism, rate per thromboembolic event as below.
- MI, CVA, DVT, PE - rate according to resulting disease (*i.e.* CVA schedule for stroke).
- Acute Thromboembolism - postpone until resolved.
- Thromboembolic events with the underlying cause successfully treated or removed or events more than 3 years ago - rate for the greater of cause or residual or therapy.\* If there are more than two episodes in the last three years, the case will be individually considered.

\*Current anticoagulant therapy (e.g. coumadin, heparin) is rated Table B. Antiplatelet therapy (e.g. aspirin, Ticlid) is non-rated.

See previous Rx Success; Myocardial Infarction (Rx #14), Cerebrovascular disease Stroke (Rx #74).

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## Hypercoagulable Disorder - Ask "Rx"pert underwriter (ask our experts)

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

If your client has a history of Hypercoagulable clotting disorder, please answer the following:

- ① Please give the diagnosis: \_\_\_\_\_
- ② Please note type of treatment:  
 Coumadin       Hospitalization \_\_\_\_\_ (date)  
 Aspirin       Heparin
- ③ Was there a Thromboembolic event?  
 MI       DVT       Other  
 CVA       PE       None
- ④ Has there been any evidence of recurrence?  
 yes, please give details \_\_\_\_\_  
 no
- ⑤ Is your client on any medications?  
 yes, please give details \_\_\_\_\_  
 no
- ⑥ Has your client smoked cigarettes in the last 12 months?  
 yes, please give details \_\_\_\_\_  
 no
- ⑦ Does your client have any other major health problems (ex: cancer, etc.)?  
 yes, please give details \_\_\_\_\_  
 no

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

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