

## Rx - Atrial Fibrillation

Atrial fibrillation/flutter (AF) is an arrhythmia which produces a characteristic irregularly irregular pulse. It may be paroxysmal (intermittent) or chronic (permanent).

Causes of AF include: mitral valve disease, coronary heart disease, cardiomyopathy, hyperthyroidism, fever, and alcoholism. The presence of atrial fibrillation/flutter often signifies an underlying heart disease, but not always. Studies have shown that chronic AF, even without other significant heart disease, carries an increased mortality risk. Clients with chronic AF are at a higher risk of developing blood clots which may lead to a stroke. When AF is found, medications or electrical stimulation are used to try to convert the heart rhythm back to normal (i.e. cardioversion). If successful, often the client will be continued on some medication to keep the rhythm normal. Multiple recurrences of AF increases the likelihood of developing chronic AF. If cardioversion is unsuccessful and chronic AF develops, medication is used to control the heart rate, but it remains irregular. Often, the client will also be on a blood thinner to decrease the risk of stroke.

Atrial fibrillation/flutter is rated per the schedule below:

Paroxysmal AF (≤10 episodes/year)	
“Lone” (no known heart disease and normal echocardiogram)	Non-rated
With mitral stenosis	Decline*
Others	Rated for underlying disease
>10 episodes/year	Rate as chronic AF
Chronic AF	
“Lone” (no known heart disease and normal echocardiogram)	Table D
“Lone” (no known heart disease, with normal echo, and on blood thinner)	Table C
Others	Table G to decline depending on underlying heart disease
With mitral stenosis	Decline*

\*possible highly rated on survivorship policies

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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 May Lose Value.  
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Atrial Fibrillation - Ask "Rx" -pert Underwriter  
(ask our experts)

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

If your client has atrial fibrillation, please answer the following:

If your client is known to have a history of A-V Blocks, please answer the following:

1. Please list date when first diagnosed: \_\_\_\_\_

2. Is the atrial fibrillation/flutter:

- Chronic (permanent)
- Paroxysmal (intermittent)

3. Are there any symptoms with the irregular heart beat?

- Black-out
- Dizziness (light-headedness/faint feeling)
- Palpitations
- Chest discomfort

4. Have any of the following tests been done? If so, please give date and results:

- ECG \_\_\_\_\_
- Echocardiogram \_\_\_\_\_
- Holter monitor \_\_\_\_\_

5. Is your client on any medications?

- Yes (Please give details) \_\_\_\_\_
- No

6. The cause of the atrial fibrillation/flutter is due to:

- Coronary heart disease Alcohol
- Thyroid disease Unknown or other
- Mitral valve disease Cardiomyopathy

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

- Yes
- No

8. Does your client have any other major health problems (ex: stroke, etc.)?

- Yes (Please give details) \_\_\_\_\_
- No

After reading the Rx for Success on Atrial Fibrillation, please feel free to use this Ask "Rx" -pert Underwriter for an informal quote.

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