

Rx - Transient Ischemic Attack (TIA)

A transient ischemic attack is a brief focal neurologic deficit that resolves without any permanent neurologic impairment. Most cases are due to a small cerebral embolism or transient thrombosis (clotting) of a cerebral or carotid artery in an individual with underlying atherosclerotic disease. Others may be caused by emboli from the heart or elsewhere in the vascular system. An attack may last for a few minutes or a few hours, but ultimately it disappears without any residual neurologic impairment. Symptoms and signs such as numbness, weakness, dizziness, fainting, vision defects, or aphasia (difficulty with speech) are typical of TIA and usually lead to the diagnosis. However, because of the fleeting nature of attacks, the physician’s diagnosis is made in most cases from history alone, rather than by physical exam or laboratory testing. Follow-up testing, such as carotid studies and head CT or MRI scans, may reveal evidence of atherosclerotic disease or previous stroke. These tests cannot rule out that a TIA occurred.

Amaurosis fugax is a term for temporary monocular (one eye) or partial blindness lasting ten minutes or less. Amaurosis fugax is a form of a transient ischemic attack.

The incidence of transient ischemic attacks is much greater in the elderly. The underwriting significance relates to the fact that affected persons are at an increased risk of stroke. If untreated, one-third will go on to a completed stroke, one-third will have further TIAs, and one-third will have no further problems. Early mortality following a transient ischemic attack tends to be high, with deaths occurring from both stroke and coronary heart disease (heart attack). If atherosclerotic lesions are present in multiple cerebral arteries or if there has been a history of multiple episodes of transient ischemic attacks, the risk is increased.

Medical treatment may include the use of anticoagulants (blood thinners such as aspirin or Coumadin) and artery dilators. Surgical treatment may be used to enlarge an obstructed artery (endarterectomy) or to bypass the obstruction with a graft. Blood pressure control is vital.

Underwriting considerations for an applicant with history of a transient ischemic attack:

Single episode	Age at diagnosis <55 years old	55+ years old
0-6 years	Table D	Table C
7-10 years	Table C	Table B
After 10 years	Non-rated	Non-rated
Multiple episodes	Table E	Table D

Uncontrolled hypertension, diabetes, and cholesterol increase the risk associated with transient ischemic attacks and will increase the overall rating.

To get an idea of how a client with a TIA history would be viewed in the underwriting process, feel free to use the Ask “Rx” -pert Underwriter on the reverse side for an informal quote.

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Transient Ischemic Attack (TIA) -
Ask "Rx" -pert Underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had a Transient Ischemic Attack, please answer the following:

1. Please list date(s) of the TIA(s): _____

2. Were any of the following studies completed?

Carotid ultrasound _____ (date)

Head CT scan or MRI scan _____ (date)

Echocardiogram _____ (date)

3. Is your client on any medications?

Yes, please give details _____

No

4. Please check if your client has had any of the following:

Elevated cholesterol

Stroke

Diabetes

Heart attack

High blood pressure

Peripheral vascular disease

Coronary artery disease

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

Yes

No

6. Has surgery ever been done on the carotid artery (ies)?

Yes, please give details _____

No

7. Please give the date and result of the most recent blood pressure reading:

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

Yes, please give details _____

No

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

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