



Rx FOR SUCCESS

Athlete's Heart

Athlete's Heart is a physiologic adaptation of the heart to **vigorous** physical training. It has not been shown to cause increased mortality, but this condition must be carefully distinguished from true heart disease. Often in attending physician statements, the term "athlete's heart" is used to describe many situations of heart enlargement—not all of which are truly benign athlete's heart syndrome.

One of the main distinguishing features is that the person must be a competitive-level athlete who is undergoing vigorous physical training. The occasional jogger or "weekend warrior" should not have an enlarged heart and, if present, would point to the presence of heart disease. The sport that the athlete is involved in is also important. For example, competitive rowers have increased heart muscle mass but those who do track or weight lifting do not.

Normally, the athlete is asymptomatic with no chest discomfort, fainting spells, shortness of breath, or irregular heart beats. Any of these symptoms, if present, would suggest other underlying heart disease. Slow heart rates (bradycardia), common in an athlete, and mild electrocardiogram abnormalities would not exclude the diagnosis of athlete's heart syndrome.

If there is a question of heart enlargement in a competitive-level athlete, the echocardiogram is the best tool to help distinguish true heart disease from athlete's heart. In athlete's heart syndrome, normal findings would include:

- ▶ some enlargement of the left ventricle cavity (main pumping chamber of the heart) but should be ≤ 64 mm (women) and ≤ 66 mm (men)
- ▶ mild, uniform increase in heart muscle thickness but ≤ 14 mm
- ▶ overall increase in left ventricular mass
- ▶ normal systolic and diastolic function of the left ventricle

Cases of true athlete's heart with no underlying heart disease or other significant impairment will be non-rated. If age 40 or over, evaluation in an Attending Physician Statement should include a normal echo and stress test to be considered non-rated.

To get an idea of how a client with a history of Athlete's Heart would be viewed in the underwriting process, use the Ask "Rx"pert Underwriter on the next page for an informal quote.

This material is designed to provide general information about the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting, or tax advice. Such services should be provided by the client's professional advisors. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

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. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

Insurance issued by The Prudential Insurance Company of America and its affiliates, Newark, NJ.

NOT FOR CONSUMER USE.

© 2012 Prudential Financial, Inc. and its related entities.
0192354-00003-00 Ed. 12/2012 Exp. 12/27/2014 Rx 038

Securities and Insurance Products:

Not Insured by FDIC or Any Federal Government Agency.
May Lose Value.

Not a Deposit of or Guaranteed by Any Bank or Bank Affiliate.



Prudential
Bring Your Challenges[®]

Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Athlete's Heart, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
 Client _____ Age/DOB _____ Sex _____

If your client has a history of enlarged heart, please answer the following:

1. Please list date of first diagnosis.

2. Have any of the following symptoms occurred?

- | | | |
|------------------------------|------------------------------|-----------------------------|
| Chest discomfort | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fainting spells or dizziness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Palpitations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Have any cardiac studies been completed?

- | | | |
|------------------------------------|---------------------------------------|-----------------------------|
| Exercise treadmill or thallium | <input type="checkbox"/> Yes—normal | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes—abnormal | |
| Resting or exercise echocardiogram | <input type="checkbox"/> Yes—normal | <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes—abnormal | |

4. Is there a history of any heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc.)?

- 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
- No

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

- Yes. Please give details. _____
- No

Please submit the actual tracings and results of all completed cardiac studies.