



Rx FOR SUCCESS

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, an implantable defibrillator or a 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.

EJECTION FRACTION	TABLE
≥ 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, use the Ask “Rx”pert Underwriter on the next page for an informal quote.

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0192581-00002-00 Ed. 01/2013 Exp. 01/14/2015 Rx 092

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Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Dilated Cardiomyopathy, use this form to Ask "Rx"pert Underwriter for an informal quote.

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 major health problems (e.g., cancer, etc.)?

- Yes. Please give details. _____
 No