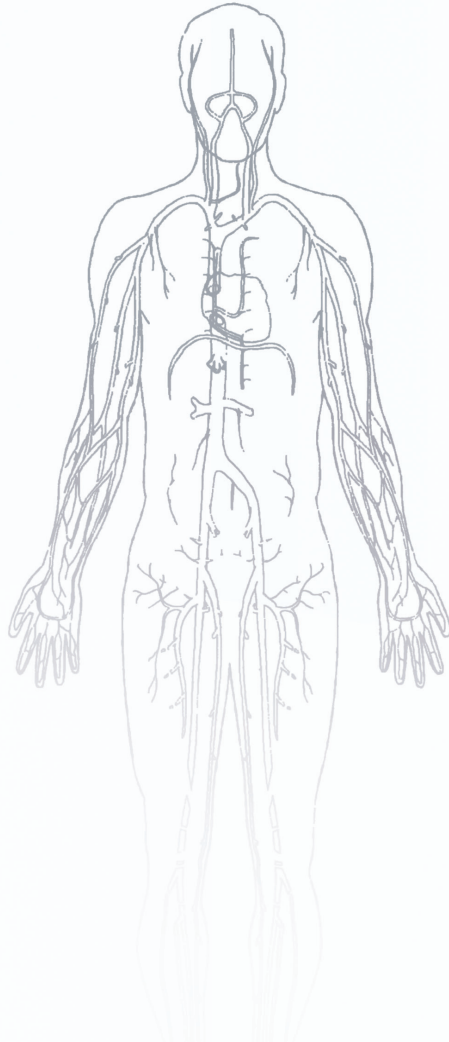




## Rx FOR SUCCESS

## Peripheral Vascular Disease (PVD)



Peripheral Vascular Disease (PVD) is caused by atherosclerosis involving the aorta and/or large arteries that branch from the aorta supplying the arms and legs. Disease in the legs is much more common than the arms. The arteries to the kidneys (renal arteries) can also be involved.

When blood flow is decreased by the blockages, ischemic pain can result (claudication). Claudication is brought on by activity (such as walking) and is relieved by rest. Poor blood supply can also lead to poor healing of even minor injuries, chronic ulcers, and gangrene.

The risk factors for developing PVD are similar to those for coronary artery disease (CAD) with cigarette smoking being a prominent risk factor.

On exam, the distal limb may feel cool or have diminished pulses. Often a bruit (sound) can be heard over the site of blockage. The ankle-brachial blood pressure ratio test can be done to evaluate the extent of the blockage in the legs.

Initial treatment is typically a reduction in risk factors, exercise, and medications to improve blood flow. If the blockages are severe, surgical treatment may be needed, such as percutaneous angioplasty (PTA) or bypass grafting.

PVD is also a marker for atherosclerosis in other sites such as coronary artery disease and carotid artery disease.

### UNDERWRITING CONSIDERATION

The rating for PVD with no history of coronary or cerebrovascular disease is Table C to Table E (The higher rating is applied to those with extensive disease or with multiple surgeries).

*To get an idea of how a client with Peripheral Vascular Disease 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 own 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.  
0190154-00002-00 Ed. 11/2012 Exp. 11/21/2014 Rx 80

#### 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<sup>®</sup>

**Ask “Rx”pert Underwriter (Ask Our Expert)**

After reading the *Rx for Success* on Peripheral Vascular Disease, use this Ask “Rx”pert Underwriter for an informal quote.

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

**1. Please list date of diagnosis and artery(ies) involved.**

\_\_\_\_\_

**2. Has your client had any of the following treatments? (If yes, please note dates.)**

- Angioplasty (Date) \_\_\_\_\_
- Bypass grafting (Date) \_\_\_\_\_

**3. Are any of the following present? (Check all that apply.)**

- Bruit heard by physician
- Diminished pulses
- Claudication pain with activity
- Ankle-brachial blood pressure ratio (If yes, please send copy of results.)

**4. Is your client on any medications?**

- Yes. Please give details. \_\_\_\_\_
- No

**5. Please check if your client has had any of the following: (Check all that apply.)**

- Abnormal lipid levels
- High blood pressure
- Coronary artery disease
- Diabetes
- Chest pain
- Cerebrovascular or carotid disease

**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 (e.g., cancer, etc.)?**

- Yes. Please give details. \_\_\_\_\_
- No