



Rx FOR SUCCESS

Hypercoagulable Clotting Disorders

Hypercoagulable state is characterized by increased blood clotting resulting in clots (thrombus) forming in the absence of bleeding. The thrombus may cause obstruction in the vein as in deep venous thrombosis (DVT) or in the arteries as in acute myocardial infarction (MI) or stroke (CVA). Small clots circulating in the blood can obstruct small arteries and cause acute tissue death; i.e. pulmonary (lung) emboli (PE), MI or CVA.

Recognized causes of the hypercoagulable state include congenital abnormalities, acquired diseases, physiological conditions and medications. The cause may be unknown. Some people experience no adverse effects; others are prone to thromboembolism and/or miscarriages. Unless a precipitating event can be identified and removed, treatment is often life long anticoagulation (blood thinners). Anticoagulation therapy is an independent mortality risk due to bleeding complications.

Some of the more commonly encountered hypercoagulable conditions are listed below: protein S deficiency, protein C deficiency, factor V Leiden resistance, activated protein C resistance, hyperhomocysteinemia, prothrombin mutant, antithrombin III deficiency, antiphospholipid antibody syndrome, anticardiolipin antibody syndrome, lupus anticoagulant, oral contraceptive therapy, pregnancy and cancer.

UNDERWRITING CONSIDERATIONS

Hypercoagulable state is generally underwritten by the resulting blood clotting disorder:

- ▶ Miscarriage/s without thromboembolism – rate for current therapy.* If with thromboembolism, rate per thromboembolic event as below.
- ▶ MI, CVA, DVT, PE – rate according to resulting disease (i.e. CVA schedule for stroke).
- ▶ Acute Thromboembolism – postpone until resolved.
- ▶ Thromboembolic events with the underlying cause successfully treated or removed or events more than 3 years ago - rate for the greater of cause or residual or therapy.* If there are more than two episodes in the last three years, the case will be individually considered.

*Current anticoagulant therapy (e.g. coumadin, heparin) could be rated Table B. Antiplatelet therapy (e.g. aspirin, Ticlid) is non-rated.

See previous *Rx for Success*; Myocardial Infarction (Heart Attack), Cerebrovascular Accident (Stroke).

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Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Hypercoagulable Clotting Disorders, 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 Hypercoagulable Clotting Disorders, please answer the following:

1. Please list date of diagnosis.

2. Please note type of treatment.

- Coumadin Hospitalization _____ (date)
 Aspirin Heparin

3. Was there a Thromboembolic event?

- MI DVT Other
 CVA DVT None

4. Has there been any evidence of recurrence?

- 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. Please give details. _____
 No

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

- Yes. Please give details. _____
 No