Atrial fibrillation/flutter (AF) is an arrhythmia with an irregularly irregular pulse. It may be paroxysmal (intermittent) or chronic (permanent).

Causes of AF include both cardiac and non-cardiac conditions, such as valve disease, hypertensive heart disease, conduction disorders (like sick sinus syndrome), coronary heart disease, cardiomyopathy, hyperthyroidism, fever, alcohol ingestion, and many others. The presence of atrial fibrillation/flutter often signals the presence of underlying heart disease, but not always.

Studies have shown that chronic AF, even without other heart disease, carries an increased mortality risk. Clients with chronic AF may develop blood clots in the heart, which may lead to a stroke.

When AF is found, medication or electrical stimulation is used to convert the heart rhythm to normal (i.e., cardioversion). If successful, the client usually will continue on medication to keep the rhythm normal. If cardioversion is unsuccessful or if chronic AF develops, medication (or pacemaker) is used to control the heart rate, but the pulse remains irregular and a blood thinner is needed to decrease the risk of stroke.

Surgical intervention is often used to permanently prevent AF. The most common procedure is pulmonary vein isolation (PVI) wherein the site of electrical irregularity is ablated via catheter access into the heart.

Atrial fibrillation/flutter is rated according to the schedule below:

Current AF without cardiac evaluation	Table G
Paroxysmal AF (infrequent episodes) with ▸ Current ECG (within 6 months) does not show AF and/or NT-proBNP is ≤ 300 ▸ Non-ratable echocardiogram has been done after onset of AF ▸ No underlying heart disease	No rating
Other paroxysmal AF or chronic AF ▸ no underlying heart disease ▸ normal echocardiogram	Table C*
With mild-moderate underlying heart disease or with mildly-moderately abnormal echocardiogram	Debits will be summed
One year after successful PVI	No rating
With severe underlying heart or lung disease	Decline

Prudential
Bring Your Challenges®

*Credits available for

▶ 5 years of stability

▶ negative stress imaging with good exercise tolerance within past year

▶ negative angiogram within past year

▶ NT-proBNP < 125 done within six months of the application

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

Ask "Rx"pert Underwriter (Ask Our Expert)

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

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has Atrial Fibrillation, please answer the following:

1. Please list date when first diagnosed.

_____

2. Indicate whether atrial fibrillation/flutter is:

☐ Chronic

☐ Paroxysmal (intermittent). Please specify how often it occurs. _____

3. Are there any symptoms with the irregular heart beat?

☐ Yes. Please give details. _____

☐ No

4. Have any of the following tests been done? If so, please give date and results.

☐ Stress test _____

☐ Echocardiogram _____

☐ Holter monitor _____

5. Does your client take any medications or have a pacemaker?

☐ Yes. Please give details. _____

☐ No

6. The cause of the fibrillation/flutter is due to:

☐ Coronary heart disease   ☐ Alcohol

☐ Thyroid disease   ☐ Unknown or other

☐ Valve disease   ☐ Cardiomyopathy

☐ Sick sinus syndrome   ☐ Hypertension

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

☐ Yes

☐ No

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

☐ Yes. Please give details. _____

☐ No