



Rx FOR SUCCESS

Transient Ischemic Attacks (TIAs) and Strokes (CVAs)

Obstruction in blood flow (ischemia) to the brain can lead to permanent damage. This is called a cerebrovascular accident (CVA). It is also known as cerebral infarction or stroke. If the symptoms are temporary without permanent brain damage, the event is called a transient ischemic attack (TIA). Rupture of an artery with bleeding into the brain (hemorrhage) is called a CVA, too. Strokes and TIAs are rated based on the underlying cause.

The most common cause of TIAs and CVAs is hypertensive and atherosclerotic plaque within the arteries to the brain (aka cerebrovascular disease or CVD). CVD can be complicated by clots (thrombosis) and by emboli from the heart. Because CVD is an indicator of atherosclerosis in other parts of the body, an individual with a history of TIA or CVA is at risk for coronary artery disease and recurrent stroke. Risk factors for CVD include smoking, coronary artery disease, high blood pressure, diabetes, lipid disorders (such as high cholesterol), peripheral arterial disease, and atrial fibrillation.

Signs and symptoms of a CVA/TIA include weakness, numbness, headaches, dizziness, nausea, vomiting, paralysis of one side of the body, speech difficulty, and memory defects. Amaurosis fugax, a form of visual TIA, is temporary monocular (one eye) or partial blindness.

Tests are done to evaluate the brain circulation, such as a carotid ultrasound (Duplex) or angiogram (MRA). A brain scan (CT and/or MRI) is used to determine if an individual has had a stroke. A TIA will not show on a scan. TIA is never ruled-out by negative tests; diagnosis is adequately met by symptoms only.

Although CVAs, TIAs, and bleeding into the brain are mainly due to atherosclerosis or hypertension, there are many non-atherosclerotic causes: migraine, adverse drug reactions, trauma, ruptured congenital aneurysm, valvular heart disease, congenital heart disease, clotting disorders, connective tissue disease (example lupus), and others. At times, no cause can be found in young individuals. This is termed "cryptogenic." Cryptogenic events over age 55 are assumed to be atherosclerotic. The long term prognosis varies depending on the cause, and additional tests (such as echocardiogram, clotting studies, and other blood and imaging tests) may be required to determine rare etiologies.

Treatment for CVD includes physical and speech rehabilitation for any residual impairment, blood thinners (like aspirin or Coumadin), cholesterol lowering medications, and blood pressure control. Surgical treatment (endarterectomy or stent) may be used to open the obstruction.

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.

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A general idea of ratings for TIA/CVA can be gotten from the tables below. Adjustments up or down in ratings will depend on the underlying cause, the extent of permanent neurological impairment, treatment, and the quality of risk factor modification. Acceptable cases have minimal residuals, normal mentation, and a return to full activity. More than two events, dementia, or significant residual physical or mental impairment are declined.

| SINGLE EVENT DUE TO ATHEROSCLEROTIC DISEASE* | | | |
|---|---|--|--------------------|
| Age at application | Younger than 45 years old | 45 to 54 years old | 55 years and older |
| TIA more than 6 months from event | Table B | Table B | Table B |
| CVA with minimal residuals more than 6 months from event | Decline | Table D | Table C |
| TIA or CVA less than or equal to 6 months from event | Postpone | Postpone | Postpone |
| SINGLE EVENT PLUS ONE ADDITIONAL EVENT* Add single event rating above to appropriate rating below. | | | |
| Age at application | Younger than 45 years old | 45 to 54 years old | 55 years and older |
| TIA more than 1 year from event | No Additional Tables | | |
| CVA more than 1 year from event | Decline | Additional 2-3 tables to the applicable rating | |
| * ADJUSTMENTS TO CVA / TIA RATINGS: | | | |
| <ul style="list-style-type: none"> • Postpone if less than 6 months from any event. • Credits of 1-2 tables are available for at least 2 years of stability after evaluation, treatment and recovery. • CVA with significant residuals but still physically independent with normal mentation: <ul style="list-style-type: none"> • Declined at ages younger than 45 • Additional 1-2 tables to the applicable rating, for ages 46 and up | | | |
| SINGLE EMBOLIC EVENT DUE TO HEART DISEASE | | | |
| Valve disease | Rate for valve disease, no less than Table B (See applicable <i>Rx for Success</i> - either Aortic Valve Disorders or Mitral Valve Disorders) | | |
| Atrial fibrillation | Sum AF and TIA/CVA debits (See <i>Rx for Success</i> on Atrial Fibrillation) | | |
| OTHER SINGLE EVENTS, FULLY RECOVERED | | | |
| TIA/CVA due to Migraine | Individual Consideration Table B or better | | |
| Cryptogenic event, trauma, adverse drug reaction (no longer on the offending drug) | Postpone one year, then 0 | | |
| Clotting disorder, congenital heart malformation, others | Table ratings vary | | |

Non-atherosclerotic causes of stroke include aneurysms, vascular malformations, trauma, clotting disorders, emboli from abnormal heart structures, vasculitis/arteritis, adverse drug events (warfarin, birth control pills, cocaine, amphetamine, etc.), fibromuscular dysplasia, spontaneous dissection. Risk assessment in Life underwriting depends on the underlying cause.

To get an idea of how a client with TIA or CVA would be viewed in the underwriting process, use the attached Ask "Rx"pert Underwriter for an informal quote. We also recommend Rx for Success on related topics: Vascular Lesions of the Brain and Carotid Ultrasound and Brain Scan.

Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on TIAs and CVAs, use this form to Ask “Rx”pert Underwriter for an informal quote.

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

If your client has had TIA or CVA, please answer the following:

1. Please provide date(s) of each event.

2. What was the underlying cause of the TIA/CVA?

- Atherosclerosis and/or hypertension
 Atrial fibrillation
 Heart valve disease
 Congenital heart malformation, such as a hole in the heart
 Other. Please specify. _____

3. Is there a history of any other cardiovascular disease (e.g., peripheral arterial disease, carotid artery disease, coronary artery disease, etc.)?

- Yes. Please give details. _____
 No

4. Have any tests been completed? (Check all that apply.)

- Echocardiogram (Date) _____
 Carotid ultrasound/Duplex (Date) _____
 Brain scan by CT and/or MRI (Date) _____

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, heart disease, seizures, psychiatric illness, etc.)?

- Yes. Please give details. _____
 No