

## Underwriting Coronary Artery Disease (CAD)

### THE CASE

### STUDY FOR

### THIS MONTH

By Robert Quinn, MD



**Dr. Robert Quinn**  
VP and Medical Director



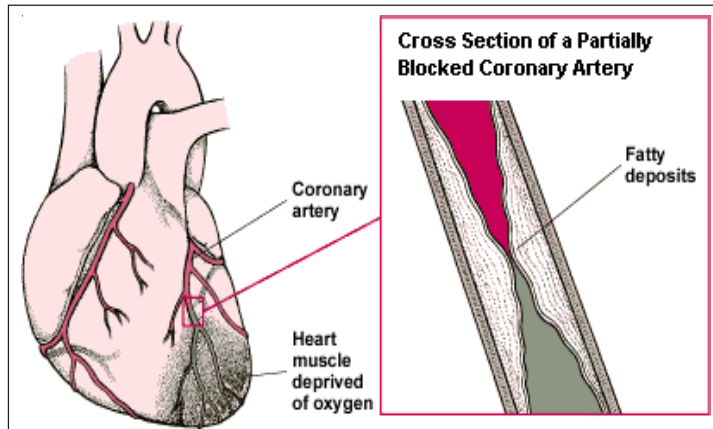
**Art Gleason**  
Director, Impaired Risk

Meet Art Gleason, director of the Impaired Risk unit. Art comes to Banner from CNA where he was a senior impaired risk underwriting consultant. Be sure to give Art a call on your next tough case.

A 60-year old male is looking for \$600,000 of term life insurance. He has a family history of heart disease, which lead to a heart attack and angioplasty five years ago. He exercises and takes a baby aspirin daily. His electrocardiogram showed the old scar. The blood pressure, cholesterol and build are normal.

Since coronary artery disease (CAD) is the number one cause of death, assessing its risk is a complex matter for the underwriters and must be done carefully.

The risk assessment is dependent upon not only the number of the heart's arteries that are clogged, but also the location in the arteries where there is blockage. It takes into account how well the heart muscle works as a pump (the ejection fraction). The underwriter must also consider whether there has been heart muscle lost (a heart attack) and whether there is apt to be more blockage. Future blockage depends on the presence of coronary risk factors like high blood pressure, high cholesterol, smoking, diabetes, bad genetics (as in this case study), and other factors.



In underwriting this case, there are some bright spots. These are the credits, known as the factors, that improve the risk of further artery closure and ultimately improve the survival. These factors improve the mortality assessment (rating).

Credits include the following:

1. Exercise on a regular basis has been shown to improve survival rates when there is known CAD. As little as 20 minutes a day of walking has been shown to be associated with a reduction of mortality of 25 percent over those who have CAD and do not exercise.

2. People with CAD can also improve their chances of survival by taking a baby aspirin once a day. This has been shown to improve mortality 30 percent over those with CAD who do not or cannot take aspirin.

3. Benefit is found to occur with diets high in fish oils (omega 3 fatty acids). These oils can be obtained by eating fish or taking capsules. The overall improvement in mortality is 10 percent.

4. Benefit can be derived from B vitamins, antioxidants (such as vitamins E and C), and light alcohol intake. These factors provide smaller improvements in mortality.

5. There are prescription drugs that improve survival. One prime example is a group of drugs called the "statins" (Lipitor,

Zocor, others), which improve mortality at least 25 percent in those with CAD. There are other drugs that are beneficial. Good medical care is closely attuned to the control of the coronary risk factors mentioned above and can improve survival significantly.

In the case study, the most likely risk assessment is a Table 2 on a standard plus base. The positive family history for CAD indicates a genetic tendency for more blockage. The loss of heart muscle with the heart attack indicates a greater chance for the heart to ultimately reduce its ability to function. The exercise program and the protection of aspirin provide improvement in the overall outcome of CAD.



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