

DIALOGUE.

Authored by Legal & General America's medical and underwriting specialists.
Published for like-minded agency professionals.

ATRIAL FIBRILLATION

You may frequently see applicants with atrial fibrillation, since it is the most common cardiac arrhythmia seen in medical practices, affecting about 2.3 million people in the United States.

Atrial fibrillation is important to the underwriting process due to its increased mortality.

Definition

Instead of normal sinus rhythm, which is the usual status of the heart's conduction system, in atrial fibrillation electrical discharges occur within multiple areas of the atria, the top chambers of the heart. This results in loss of normal atrial contraction, a possible rapid heart rate (tachycardia) and an erratic heart rhythm that is known as "irregularly irregular."

CAUSES

- advancing age
- hypertension
- diabetes
- left atrial enlargement
- congestive heart failure
- valvular heart disease
- ischemic heart disease
- myocardial infarction
- cardiomyopathy
- pericarditis
- other structural heart diseases
- hyperthyroidism
- sleep apnea
- obesity
- pulmonary embolism
- alcohol
- drugs
- thoracic surgery

Causes

Atrial fibrillation is more predominant in males. Causes and risk factors are many and include those listed in the chart to the left. When no underlying contributing cause is found, the term "lone atrial fibrillation" is sometimes used.

Symptoms

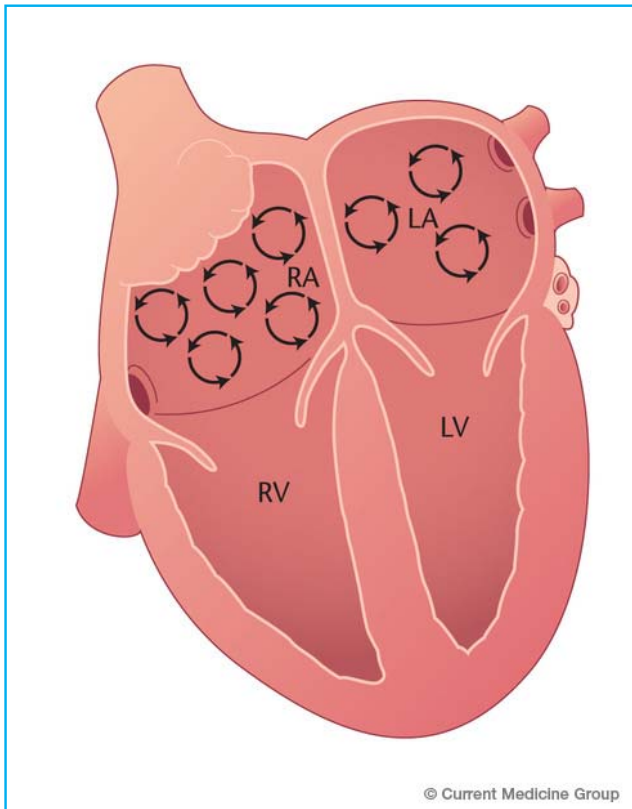
While some people with atrial fibrillation may be asymptomatic, shortness of breath, palpitations, chest pain, exercise intolerance, weakness and fatigue may be experienced.

Types

Atrial fibrillation may be constant or intermittent. In paroxysmal atrial fibrillation, episodes occur that spontaneously terminate within seven

The likelihood of developing atrial fibrillation increases with age. Three to five percent of people over age 65 have atrial fibrillation.

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days and often within twenty four hours. Persistent atrial fibrillation implies that episodes last longer than seven days or require an intervention to restore normal sinus rhythm. In permanent atrial fibrillation, attempts to restore sinus rhythm either have failed or have not been attempted, and restoration of sinus rhythm is not expected.

Risk Factors

Atrial fibrillation is associated with an increased risk of embolic stroke, since lack of normal contraction of the left atrium can allow blood there to coagulate, forming blood clots that can be carried through the blood stream to the brain. The stroke risk appears to be similar whether the atrial fibrillation is episodic or constant.

Anticoagulation, such as with warfarin, can reduce the risk of stroke in atrial fibrillation. If warfarin is given, periodic blood tests should be drawn to ensure a therapeutic level, which is usually an INR (international normalized ratio) in the range of 2.0 to 3.0. Higher levels increase the bleeding risk and lower levels do not adequately prevent stroke.

Dabigatran is another anticoagulant recently approved to prevent stroke in atrial fibrillation.

The chance of stroke varies in different people with atrial fibrillation, depending on risk factors, and the decision to anticoagulate is based upon consideration of the bleeding risks versus the perceived benefits.

Treatment

Another issue is whether an attempt should be made to convert back to normal sinus rhythm or whether to leave someone in atrial fibrillation and control the heart rate. This decision should be individualized, as there is no definite consensus that one modality is superior. For instance, if there is significant left atrial enlargement, it could be more difficult to permanently restore sinus rhythm.

Methods to restore sinus rhythm include electrical shock (cardioversion), medications, and the use of a catheter to ablate the areas of the atria that are causing the atrial fibrillation.

If someone remains in atrial fibrillation, it is important to control the heart rate, since tachycardia can cause a type of heart damage called cardiomyopathy. Medications to control heart rate include beta blockers, calcium channel blockers, and digoxin.

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fast delivery... if a policy is issued by 4 pm you'll receive it the following day via overnight policy mail.

Underwriting Atrial Fibrillation

The underwriting of atrial fibrillation takes a number of issues into account, including whether episodic or constant, left atrial size, heart rate, treatment, contributing risk factors and complications.

Case Studies

Applicant One has a history of atrial fibrillation that was cured by catheter ablation three years ago, without recurrence. A recently performed echocardiogram was normal. *Since Applicant One has a normal heart and has not had a recurrence of atrial fibrillation for over two years, this can be Preferred.*

Applicant Two has a five year history of permanent atrial fibrillation, is on warfarin with regular favorable blood testing and no complications, has a normal sized left atrium and is otherwise healthy. *With credits for a normal sized left atrium and successful anticoagulation, Applicant Two can be table two.*

Applicant Three has paroxysmal atrial fibrillation, with episodes at least twice a week, a history of an embolic stroke, a severely dilated left atrium, and refuses anticoagulation. *Applicant Three is a decline.*

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