



## Mitral Valve Disorder

### Mitral Stenosis (MS)

Mitral stenosis is narrowing of the mitral valve. It produces a diastolic murmur. Once common due to rheumatic fever, it is now somewhat rare. Rheumatic MS has a progressive course, slow in the early decades and accelerating later in life. There can be a latent period of 20-40yrs. Complications and symptoms include pulmonary hypertension, abnormal heart rhythms (*such as atrial fibrillation and premature contractions*), shortness of breath, chest pain, and heart failure.

Significant MS requires surgical intervention. Surgery can be done through balloon dilation of the tight valve via a catheter approach – or the stenosis can be relieved via an open chest procedure. Sometimes, replacement of the valve is necessary.

In underwriting, mitral stenosis is classified as minimal, mild (*valve opening >1.5 cm<sup>2</sup>*), moderate (*valve opening 1.0 - 1.5 cm<sup>2</sup>*), or severe (*valve opening <1.0 cm<sup>2</sup>*). Under age 15, applicants with MS are generally declined. For ages 15 and over, the following schedule applies. Mitral stenosis associated with complications, such as atrial fibrillation or heart failure, is usually uninsurable on an individual basis.

Ages	Minimal MS	Mild MS	Moderate MS	Severe MS
15 - 29	Table D	Table E	Table F	Decline
30 - 44	Table C	Table D	Table E	Decline
45 - 59	Table B	Table C	Table D	Decline
60 - 74	Table A	Table B	Table C	Decline
75+	Non-rated	Table A	Table B	Decline

### Mitral Regurgitation (MR)

Mitral regurgitation, also called insufficiency, occurs when the mitral valve doesn't close properly, allowing backward flow of blood into the left atrium. It produces a systolic murmur that is transmitted to the armpit (*axilla*). Most cases are due to mitral valve prolapse (MVP). Other causes include coronary artery disease, rheumatic fever, or endocarditis (*infection of the heart valve*). Some individuals with MR never develop symptoms. Others eventually experience shortness of breath, abnormal heart rhythms (*such as atrial fibrillation*), fatigue, weakness, and heart failure.

Significant MR requires surgical intervention. Successful repair (via an open chest procedure) of the valve (without replacement) has an excellent prognosis. Valve replacement is sometimes necessary.

This material is designed to provide general information in regard to the subject matter covered. It should be used with the understanding that we are not rendering legal, accounting or tax advice. Such services should be provided by the client's own advisor. Accordingly, any information in this document cannot be used by any taxpayer for purposes of avoiding penalties under the Internal Revenue Code.

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In underwriting, mitral regurgitation is classified as mild, moderate or severe depending upon the amount of backflow of blood across the valve. Under age 15, applicants with MR are generally declined. For ages 15 and over, the following schedule applies.

Ages	Mild MR	Moderate MS	Severe MR
15 - 29	Table B	Table E	Table G to decline
30 - 44	Table A	Table D	Table G to decline
45 - 59	Non-rated	Table C	Table G to decline
60 - 74	Non-rated	Table B	Table G to decline
75+	Non-rated	Table A	Table G to decline

Non-rated cases may be eligible for preferred categories if they otherwise qualify.

Mitral regurgitation that leads to complications, such as atrial fibrillation or heart failure, is usually uninsurable on an individual basis.

### **Mitral Valve Prolapse**

Mitral valve prolapse (MVP) has been previously discussed in a past issue of the *Rx for Success Mitral Valve Prolapse (MVP)*.

For those who have had mitral valve surgery, see *Rx for Success Valvular Heart Surgery*.

*To get an idea of how a client with a history of mitral valve disorders would be viewed in the underwriting process, feel free to use the attached Ask "Rx" pert underwriter for an informal quote.*

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## Mitral Valve Disorders - Ask "Rx" pert underwriter (ask our experts)

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has had mitral stenosis and/or regurgitation, please answer the following:

1. How long has this abnormality been present? \_\_\_\_\_ (years)
2. Please check the type(s) of mitral disorder present:
  - Mitral stenosis
  - Mitral regurgitation
  - Mitral valve prolapse (MVP)
3. Have any of the following occurred?

chest pain	<input type="checkbox"/> yes	<input type="checkbox"/> no
trouble breathing	<input type="checkbox"/> yes	<input type="checkbox"/> no
heart failure	<input type="checkbox"/> yes	<input type="checkbox"/> no
palpitations	<input type="checkbox"/> yes	<input type="checkbox"/> no
atrial fibrillation/flutter	<input type="checkbox"/> yes	<input type="checkbox"/> no
4. Is there a history of any other heart disease in addition to the mitral valve disorder (problems with other valves, coronary artery disease, etc.)?
  - yes, please give details \_\_\_\_\_
  - no
5. Have additional studies been completed? (check all that apply) Please send the reports.
  - echocardiogram \_\_\_\_\_ (date)
  - cardiac catheterization \_\_\_\_\_ (date)
  - none
6. Is your client on any medications?
  - yes, please give details \_\_\_\_\_
  - no
7. Has your client smoked cigarettes in the last 12 months?
  - yes
  - no
8. Does your client have any other major health problems (ex: cancer, etc.)?
  - yes, please give details \_\_\_\_\_
  - no

After reading the *Rx for Success* on Mitral Valve Disorders, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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