

Condition-Related Marketing: **Atrial Fibrillation and Flutter**

What is Atrial Fibrillation and how does it differ from Atrial Flutter?

Atrial Fibrillation is a condition where an irregular heartbeat leads the upper chambers of the heart to be out of sync with the ventricles. This leads to pooling blood which can coagulate creating clots, leading to stroke. Paroxysmal atrial fibrillation usually resolves within 7 days of onset. Atrial fibrillation that is chronic, lasts more than 7 days and requires electrical cardioversion to restore normal rhythm. If cardioversion does not work, it is called permanent atrial fibrillation.

Atrial Flutter is a rapid regular rhythm that occurs in the setting of underlying heart or lung disease, especially heart failure and left atrial enlargement. It can occur alone, or as a bridge rhythm resulting in atrial fibrillation. Atrial flutter, like atrial fibrillation, is also a risk factor for strokes. Treatments for atrial flutter and atrial fibrillation are similar, but atrial flutter tends to respond better to ablation therapies.

Who is at risk? Primarily older ages. 84% are over age 65.

- Cardiovascular risks: Individuals with hypertension, valve disease, heart failure, coronary artery disease, previous heart attack, left atrial enlargement, and/or left ventricular hypertrophy.
- Other associated factors: History of diabetes, stroke, overactive thyroid, inflammatory states (such as after surgery), obesity, metabolic syndrome, obstructive sleep apnea, and high BNP levels.

Is Atrial Fibrillation dangerous? Atrial fibrillation increases the probability of a stroke to 4-5 times more than average and can also lead to heart failure or life-threatening ventricular arrhythmias. Additionally, data shows that when a stroke is related to atrial fibrillation, it is often more severe than those resulting from a different underlying issue.

Different types of testing and evaluation tools: Like many cardiac issues, the first tier of testing is an electrocardiogram (EKG). This test can provide a snapshot of the patient's heart rhythm in real time. A positive test result, would normally lead the individual to being referred to a cardiologist for an echocardiogram and/or Holter. An echocardiogram (an ultrasound scan of the heart) can provide details around structure of the heart, measurements of the various chambers, and assess function of valves. This same test can show if the patient has heart valve disease, a significant risk factor for atrial fibrillation.

Two tools used by medical professionals to determine treatment are the CHADS score and the new CHADS-VASc score. CHADS score is dependent on the patient's risk factors – specifically congestive heart failure (C), hypertension history (H), age equal to or over 75 (A), diabetes (D), stroke or TIA symptoms (S). The CHADS-VASc is based on many of the same factors as CHADS, however it also looks at gender and vascular disease history. If the end result of the scoring is 0-1, anticoagulation therapy is not required. Scores of 2 and above do require anticoagulation therapy due to the increased risk for stroke.

Treatment options:

- Cardioversion: electric shock therapy to restore normal heart rhythm
- Ablation: surgical procedure to improve electrical signals that may cause irregular beats
- Medication: This can be two pronged. First there are medications that can help regulate the heart rhythm. Secondly, many folks will also require a blood thinner such as Eliquis, to reduce the stroke risk dependent on the frequency and risk factors. The patient's CHADS or CHADS-VASc score is used to determine what sort of treatment works best for the individual.

Atrial Fibrillation and Flutter Underwriting Guidelines

Depending on the circumstance, you should not submit the application until appropriate wait times have passed.

- New for 2023: Remote history of one single event, 10 or more years ago, no treatment required, can now result in a possible Preferred
- Paroxysmal atrial fibrillation/flutter no more than 6 episodes per year, stable six months, no TIA/CVA/comorbid history could represent a possible Select rating
- Chronic atrial fibrillation/flutter treated with a prescription blood thinner, stable six months, no TIA/CVA/Comorbid history could represent a class I rating
- Chronic atrial fibrillation/flutter in combination with diabetes, represents a class II risk
- Unstable, cardioverted in the past 6 months, moderate to severe heart valve disease, chronic not on a blood thinner, and elevated blood pressure readings exceeding 159/89 all would lead to a decline

Atrial Fibrillation and Flutter Underwriting Guidelines

Atrial fibrillation/flutter is fairly common and many studies indicate the frequency of this condition is increasing amongst the American population. Both require extensive follow-up, therapy, and monitoring, even if stable. It should be expected that an applicant with this history has had an echocardiogram in the past few years to determine the impact of the disease process. The underwriter will be looking in for a recent echocardiogram, review risk factors, and determine stability. Dependent on these factors, therapy, testing and CHADS score, the underwriter will be able to make an appropriate offer based on the risk.

Planning Corner: Prescreening is Key

Knowing specifics around atrial fibrillation/flutter will allow you to prescreen the case appropriately. Looking for information around stability, results of the most recent echocardiogram, treatment and CHADS/CHADS-VASc scores will allow you to present the appropriate rates to your client for consideration. Of course, we're here to help. You can prescreen your client's medical history by sending an email to LTCunderwriting@mutualofmaha.com.