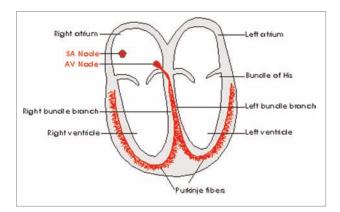


Atrioventricular Blocks (A-V Blocks)

The heart has an electrical system through which impulses travel causing the orderly contraction of heart muscle. There are uniquely different forms of heart blocks, with A-V Blocks being different from the Bundle Branch Blocks previously discussed in Rx #33. AV Blocks can be First Degree, Second Degree, or Third Degree depending on level of severity of the conduction delay.

Delays in conduction through the heart may be congenital (as in congenital lupus) or acquired. Common causes of acquired AV block are: coronary artery disease (CAD), medication toxicity, rheumatic heart disease, heart surgery, and aging of the conduction system. Also, extremely fit (athletic) hearts can show mild forms of block (first degree and Mobitz I) which is of little concern.

Heart blocks of all types are identified via an electrocardiogram (ECG). (See figure below.) A-V blocks are specifically identified via the measure of the P-R interval. The P-R interval is the time it takes for the electrical impulse to travel from the SA (sinoatrial) node where the impulse originates to the AV (atrioventricular) node. (See figure below.) A normal P-R interval is 0.12 to 0.20 seconds.



Prolongation of the PR interval of more than 0.20 seconds is called a First Degree A-V Block. There are two types of Second Degree A-V Blocks. In Mobitz Type I (also known as the Wenckebach Phenomenon) the P-R interval actually increases with each heart beat until one of the impulses completely fails to conduct to the ventricles. In Mobitz Type II the P-R interval remains constant, but with occasional missed/failed impulses.

(continued on reverse)

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{Name Phone Number E-mail Address Website Address}



©2008 The Prudential Insurance Company of America 751 Broad Street, Newark, NJ 07102-3777 Rx089 IFS-A065816 Ed. 10/08 Exp. 10/10 Third Degree Heart Block occurs if all impulses from the AV node are blocked so that the atria and the ventricles beat independently of one another.

Stokes-Adams attack is a complication which may occur in Mobitz Type II Second Degree Heart Blocks & Third Degree Heart Blocks. It is syncope (fainting) due to a slow pulse in combination with the missed impulses. Pacemakers are often required when this combination exists.

| Underwriting | consideration | absent | other | significant | impairment: |
|--------------|---------------|--------|-------|-------------|-------------|
| onderwinding | constactation | absent | ounci | Jighthound | impunnent |

| First degree AV block: | | |
|---|--------------------------------------|--|
| PR interval 0.20 to 0.29 seconds | Non-rated | |
| PR interval 0.30 to 0.39 seconds | Class B1,2 | |
| PR interval 0.40 seconds and over | Class C1,2 | |
| ¹ One table credit may be given if normal treadmill available or for 2 year | ars of stability. | |
| ² If an evaluation has been done, rate for cause only. | | |
| Second degree AV block of Mobitz I (Wenckebach): | | |
| Heart rate > 40, no symptoms (dizziness, chest pain, syncope) | Non-rated | |
| Heart rate < 40 or symptomatic rate for cause only | Postpone for evaluation, then | |
| Second degree AV block of Mobitz II and third degree AV block (complete heart block and AV dissociation) | Postpone for evaluation | |
| Mobitz II and third degree AV block after evaluation and treatment: | | |
| Resolved (as in medication toxicity) | Non-rated | |
| Resolved after acute myocardial infarction (heart attack) | Rate for CAD | |
| Congenital heart block or treated with pacemaker | Rate under pacemaker schedule Rx #20 | |
| Unresolved | Usually decline | |
| History of cardiomyopathy, valve disease, congestive heart failure, congenital heart disease (other than congenital heart block) or complications | Decline | |
| Stokes-Adams attacks, no pacemaker | Decline | |

To get an idea of how a client with Atrioventricular Blocks (A-V Blocks) would be viewed in the underwriting process, feel free to use the *Ask "Rx" pert underwriter* on the next page for an informal quote.

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Atrioventricular Blocks (A-V Blocks) - Ask "Rx" pert underwriter (ask our experts)

| Producer | Phone | Fax | | | | |
|---|--------------------------------|-----|--|--|--|--|
| Client | Age/DOB | Sex | | | | |
| If your client is known to have a history of A-V Blocks, please answer the following: | | | | | | |
| 1. Please list date of diagnosis: | | | | | | |
| 2. The AV Block has been diagnosed as: | | | | | | |
| \Box First Degree block, PR < .30 seconds | 🗆 Second Degree, Mobitz I | | | | | |
| First Degree block, PR .3039 seconds | s 🛛 🗌 Second Degree, Mobitz II | | | | | |
| First Degree block, PR .40+ seconds | Third Degree block | | | | | |
| 3. Please note usual resting heart rate: | | | | | | |
| 4. Have any of the following occurred (check all that apply): | | | | | | |
| □ Pacemaker inserted | Congestive Heart Failure | | | | | |
| □ Stokes-Adams attack | 🗆 Valvular heart disease | | | | | |
| □ History of cardiomyopathy [| 🗆 Congenital heart disease | | | | | |
| □ History of coronary artery disease | | | | | | |
| 5. Is your client on any medications? | | | | | | |
| yes, please give details | | | | | | |
| 🗆 no | | | | | | |
| 6. Has your client smoked cigarettes in the last 12 months? | | | | | | |
| □ yes, please give details | | | | | | |
| 🗆 no | | | | | | |
| 7. Does your client have any other major health problems (ex: cancer, etc.)? | | | | | | |
| yes, please give details | | | | | | |
| 🗆 no | | | | | | |

After reading the Rx for Success on A-V Blocks, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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