



Evaluation of Coronary Artery Disease

Many tests are available to detect coronary artery disease (CAD). These include Exercise Stress Testing (*stress ECG*), Thallium Imaging, Stress Echocardiography, Ultrafast CT (*UFCT/EBCT*) and Coronary Angiography. The exercise stress test is the simplest and most commonly performed test for detection of CAD. It has been discussed in detail in a previous Rx For Success (# 5). In addition to the history, age, sex and the presence of risk factors (*smoking history, high blood pressure, high cholesterol level and diabetes*), the exercise stress test helps decide the likelihood of CAD in an individual. The thallium imaging and stress echocardiogram are helpful in evaluating the functional significance of the abnormality seen in the exercise stress test (*EST*). The angiogram shows the anatomy of the coronary arteries and any significant blockages. UFCT detects calcium levels in the coronary arteries.

An exercise stress test is graded as mild, moderate or strongly abnormal (*positive*) based upon the degree of abnormality (*ST segment depression*). The greater the degree of abnormality found, the stronger the likelihood of CAD. An abnormal stress ECG is generally rated as follows:

Mildly positive stress test
Table B

Moderately positive stress test
Table C

Strongly positive stress test
Table D

Following an abnormal exercise stress test, additional tests are commonly performed. Based upon their results, the rating may be modified. **Normal** thallium imaging, stress echocardiogram, or coronary angiogram reduces the possibility of CAD and often improves the rating.

In the presence of a strongly abnormal exercise stress test, or an abnormal exercise stress test with an abnormal thallium imaging or stress echocardiogram, a normal coronary angiogram does not completely exclude the possibility of CAD. The angiogram will not show disease in the small coronary arteries nor will it typically identify a coronary artery spasm, which can also cause a reduced blood flow. The small vessel CAD and coronary artery spasm may also produce angina (*chest pain*) much like that typical of a myocardial infarction (*heart attack*).

When assessing suspected CAD, all studies need to be evaluated along with the history, age and presence of risk factors to determine the appropriate rating.

To get an idea of how a client with a history of coronary artery disease would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the reverse side for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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Your Success Matters.



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Evaluation of Coronary Artery Disease - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has had a stress ECG, please list the date(s) _____

1. Was the stress ECG...

normal abnormal borderline

2. Was any other testing completed...

	normal	abnormal
thallium stress ECG	<input type="checkbox"/>	<input type="checkbox"/>
stress <i>echocardiogram</i>	<input type="checkbox"/>	<input type="checkbox"/>
coronary angiogram	<input type="checkbox"/>	<input type="checkbox"/>
UFCT/EBCT	<input type="checkbox"/>	<input type="checkbox"/>

3. Please check if your client has had any of the following:

history of chest pain diabetes
 elevated cholesterol family history of heart disease
 overweight high blood pressure

4. Is your client on any medications?

yes, please give details _____
 no

5. Has your client smoked cigarettes in the last 12 months?

yes
 no

6. Has your client had any of the following:

* heart attack(s) _____ (dates)
* bypass surgery(ies) _____ (dates) _____ (# of vessels)
* angioplasty(ies) _____ (dates) _____ (# of vessels)

7. Does your client have any other major health problems (ex: cancer, etc.)?

yes, please give details _____
 no

Please submit the actual tracings and results of all stress electrocardiograms and any further testing if done (thallium, echo, or angiogram).

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