



Rx FOR SUCCESS

LATEST UPDATE:
UNDERWRITING
INFORMATION

Athlete's Heart

"Athlete's Heart" is a physiologic adaptation of the heart to **vigorous** physical training. It has not been shown to cause increased mortality, but this condition must be carefully distinguished from true heart disease. Often in attending physician statements, the term "athlete's heart" is used to describe many situations of heart enlargement - not all of which are truly benign athlete's heart syndrome.

One of the main distinguishing features is that the person must be a competitive level athlete who is undergoing vigorous physical training. The occasional jogger or "weekend warrior" should not have an enlarged heart and, if present, would point to the presence of heart disease. The sport that the athlete is involved in is also important. For example, competitive rowers have increased heart muscle mass but those who do track or weight lifting do not.

Normally, the athlete is asymptomatic with no chest discomfort, fainting spells, shortness of breath, or irregular heart beats. Any of these symptoms, if present, would suggest other underlying heart disease. Slow heart rates (bradycardia), common in an athlete, and mild electrocardiogram abnormalities would not exclude the diagnosis of athlete's heart syndrome.

If there is a question of heart enlargement in a competitive level athlete, the echocardiogram is the best tool to help distinguish true heart disease from "athlete's heart". In athlete's heart syndrome, normal findings would include:

- ▶ some enlargement of the left ventricle cavity (main pumping chamber of the heart) but should be ≤ 64 mm (women) and ≤ 66 mm (men)
- ▶ mild, uniform increase in heart muscle thickness but ≤ 14 mm
- ▶ overall increase in left ventricular mass
- ▶ normal systolic and diastolic function of the left ventricle

Cases of true "Athlete's Heart" with no underlying heart disease or other significant impairment will be non-rated. If age 40 or over, evaluation in an Attending Physician Statement should include a normal echo and stress test to be considered non-rated.

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

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Athlete's Heart - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client has a history of Lupus, please answer the following:

1. Please list date of first diagnosis _____

2. Please note type of lupus diagnosed:

systemic lupus erythematosus (SLE)

discoid lupus

drug induced SLE

3. Have any of the following symptoms occurred?

chest discomfort yes no

fainting spells or dizziness yes no

shortness of breath yes no

palpitations yes no

4. Have any cardiac studies been completed?

exercise treadmill or thallium yes – normal no

yes - abnormal

resting or exercise echocardiogram yes – normal no

yes - abnormal

5. Is there a history of any heart disease (problems with valves, coronary artery disease, cardiomyopathy, etc.)?

yes, please give details _____

no

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

Please submit the actual tracings and results of all completed cardiac studies.

After reading the Rx for Success on "Athlete's Heart" Syndrome, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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