



Peripheral Vascular Disease (PVD)

Peripheral Vascular Disease (PVD) is caused by atherosclerosis involving the aorta and/or large arteries that branch from the aorta supplying the arms and legs. Disease in the legs is much more common than the arms. The arteries to the kidneys (renal arteries) can also be involved.

When blood flow is decreased by the blockages, ischemic pain can result (claudication). Claudication is brought on by activity (such as walking) and is relieved by rest. Poor blood supply can also lead to poor healing of even minor injuries, chronic ulcers, and gangrene.

The risk factors for developing PVD are similar to those for coronary artery disease (CAD) with cigarette smoking being a prominent risk factor.

On exam, the distal limb may feel cool or have diminished pulses. Often a bruit (sound) can be heard over the site of blockage. The ankle-brachial blood pressure ratio test can be done to evaluate the extent of the blockage in the legs.

Initial treatment is typically a reduction in risk factors, exercise, and medications to improve blood flow. If the blockages are severe, surgical treatment may be needed such as percutaneous angioplasty (PTA) or bypass grafting.

PVD is also a marker for atherosclerosis in other sites such as coronary artery disease and carotid artery disease.

Underwriting consideration:

The rating for PVD with no history of coronary or cerebrovascular disease is Table C to Table E (the higher rating is applied to those with extensive disease or with multiple surgeries).

To get an idea of how a client with Peripheral Vascular Disease would be viewed in the underwriting process, please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

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Peripheral Vascular Disease - Ask "Rx" perts (ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of Peripheral Vascular Disease, please answer the following:

1. Please list date of diagnosis and artery(ies) involved:

2. Has your client had any of the following treatments? (if yes, please note dates)

angioplasty _____ (date)

bypass grafting _____ (date)

3. Are any of the following present (check all that apply)?

bruit heard by physician

diminished pulses

claudication pain with activity

ankle - brachial blood pressure ratio (if yes, please send copy of results)

4. Is your client on any medications?

yes, please give details _____

no

5. Please check if your client has had any of the following:
(check all that apply)

abnormal lipid levels

diabetes

high blood pressure

chest pain

coronary artery disease

cerebrovascular or carotid disease

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 Peripheral Vascular Disease, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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