

**Overview:**

*Mitral valve prolapse* (MVP) is a very common condition in which one or both mitral valve leaflets (cusps) are deformed. This defect can produce some leakage as the heart pumps, leading to less efficient pumping activity. This condition is referred to as *mitral regurgitation* or *insufficiency*. Mitral valve prolapse is also known as *click murmur syndrome*, *floppy valve syndrome*, or *Barlow's syndrome*.

MVP is perhaps the most common valve disorder; it affects up to 5% of the population. Unless the condition becomes severe, it is typically asymptomatic. MVP is often detected during a routine physical examination when the physician detects the condition's characteristic murmur. (A murmur is the medical term used to describe the noise characteristic of heart valve abnormalities generated by the resulting turbulent blood flow).

There is normally no known cause for MVP and most cases are considered to be an inherited condition. Occasionally MVP may be the result of rheumatic fever or is may be the result of certain heart disease diseases.

MVP does not normally cause any symptoms and therefore requires no treatment. In more moderate and severe cases, symptoms may develop and treatment may be indicated. Symptoms include mitral insufficiency, mitral regurgitation, endocarditis (infection of the valve), thromboembolism (clot formation), and certain forms of irregular heart beat, primarily premature ventricular contractions (PVCs) and premature atrial contractions (PACs). Mild and moderate symptoms are often treated with medical therapy; extreme cases may require heart valve repair or replacement.

**Impact on Life Underwriting:**

Most individuals with mild and stable MVP can be issued at preferred or standard rates. The condition is likely considered inherited and not degenerative.

For those individuals with moderate or severe MVP, underwriting is based on the severity of abnormal mitral valve functioning, the age of the proposed insured at diagnosis and currently, the rate of valvular degeneration, if any, the cause of the condition, as well as the likely long term prognosis. This kind of information is usually derived from stress echocardiographic studies over several years.

In general, even moderate cases of MVP, especially if due to congenital defects that are unlikely to worsen the condition, standard rates are still possible.

Severe cases of MVP, as well as those that are *degenerative* (i.e. are likely to get worse) will lead to ratings. A rating will depend on the rate of valvular deterioration documented over several years, as well as the likelihood and timing of valvular repair or replacement, if and when necessary. Best case scenarios are around a Table 4; Table 6 to 8 offers are common; cases where valvular surgery is in the very near future are postponed until after successful surgery and recovery.

Mitral valve prolapse caused by significant heart disease, such as cardiomyopathy, will be rated or postponed based on the underlying condition.

As with all cardiovascular underwriting, documentation of positive information can lead to substantial underwriting improvements, often leading to a reduction of several tables. Sending in an application "to see what happens" without proper case preparation does not normally lead to the best possible underwriting outcomes. In order to minimize any ratings for your cardiovascular risk, please be sure to complete our "Mitral Valve Prolapse" and "Search for Underwriting Credits" questionnaires as much as possible. SB 04/23/2001