



Web Eagle

March 2018

Welcome to the Web Eagle, your monthly source for the latest product and industry news from United Security Assurance. For producer use only.

Quote of the Month

"Go confidently in the direction of your dreams. Live the life you have imagined."

Henry David Thoreau,
American essayist, poet,
philosopher, and historian

New "Playbook" Supports Safe Opioid Use

Seniors living in long term settings, are the most vulnerable when it comes to dealing with pain. In an effort to provide safer guidelines to better assess, diagnose, and treat pain, the National Quality Forum partnered with 40 public and private sector health care leaders and clinical experts to develop a guidebook entitled, "National Quality Partners Playbook™". Read the entire article at McKnight's.com.

e-Applications

You can access state-specific e-Apps for our **SecureHorizons** STC plan and LSS series of LTCi products at our [Agent Portal](#)*.

Faxing Applications

We can accept faxed applications with voided checks at this secure, toll-free number **888-976-5969**. Download your copy of the [fax cover sheet](#).

Quoting Software

Our quoting software can be downloaded from our [website](#)*. Contact us if you are unable to download the quoting software, or if you would like to have an illustration done for you.

Never Put All Your Eggs in One Basket ... You could lose everything!

In theory, many would agree with this statement. However, the only way to really know something is to experience it. At United Security Assurance, we have a long and proud history of providing long term care insurance. We offer a strong portfolio of insurance plans and services to help meet the challenges faced by those needing in-home or facility care.

Don't get stuck on one carrier for all your LTCi needs. Pick up another basket and call our Marketing Team today. Experience how it feels to work with a LTCi provider with more than 35 years in the industry.

Underwriting Corner¹

By: Jennifer Howlett
Underwriting Supervisor

The Underwriting Corner topic for this month is **Arrhythmia**. Arrhythmia is a general term and has several

Our LSS and LSS Select LTCi products, and *SecureHorizons* short-term home health care plan are featured on [StrateCision quoting platform](#).

Ordering Supplies

USA licensed producers can order directly from our Marketing Team, at 800-872-3044.

*This is a secured section of our site that requires [registration](#).

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types, all of which are important to discuss. Therefore, I divided this article into two parts. The first part, covering Atrial Fibrillation, Conduction Disorders and Ventricular, was discussed last month. I will cover the second part, irregular heartbeat, this month.

As stated previously, according to the American Heart Association, "Arrhythmia" refers to any change from the normal sequence of electrical impulses. The electrical impulses may happen too fast, too slowly, or erratically - causing the heart to beat too fast, too slowly, or erratically. When the heart doesn't beat properly, it can't pump blood effectively. When the heart doesn't pump blood effectively, the lungs, brain and all other organs can't work properly and may shut down or be damaged.

The following are types of arrhythmia:

- Bradycardia - A slow heart rate which can be caused by problems with the sinoatrial (SA) node (the heart's natural pacemaker), problems in the conduction pathways of the heart (electrical impulses are not conducted from the atria to the ventricles), metabolic problems such as hypothyroidism (people with low thyroid hormone) or damage to the heart from heart attack or heart disease (myocardial infarction or MI). A heart rhythm that's too slow can cause insufficient blood flow to the brain with symptoms such as fatigue or feeling tired or weak, dizziness or lightheadedness, confusion, fainting or near-fainting spells, shortness of breath, and, in extreme cases, cardiac arrest may occur. Treatment is not usually needed unless prolonged or repeated symptoms occur. An artificial pacemaker can be inserted to help speed up the heart rhythm or a reduction in the dosage of calcium channel blocker or beta blocker medications (medications given for high blood pressure and/or other forms of arrhythmia such as atrial fibrillation) may help.
- Tachycardia - A very fast heart rate. The impulse problem can originate in the upper chamber, called Atrial Tachycardia or Supraventricular Tachycardia (SVT), or the lower chamber, called Ventricular Tachycardia. Electrical signals in the heart's upper or lower chambers fire abnormally, which interferes with electrical signals coming from the sinoatrial (SA) node -- the heart's natural pacemaker. In Atrial Tachycardia, the rapid heartbeat does not allow enough time for the heart to fill before it contracts so blood flow to the rest of the body is compromised, but in Ventricular Tachycardia, the rapid heartbeat does not allow enough time for the heart to fill before it contracts so blood does not get pumped throughout the body, which can be life threatening

and requires immediate medical attention. Symptoms of AT or SVT include fainting (syncope), lightheadedness or dizziness, rapid heartbeat or "palpitations" or fluttering feeling in chest or bounding pulse, Angina (chest pain), pressure or tightness, shortness of breath, fatigue/tiredness, and in extreme cases, unconsciousness or cardiac arrest. Treatment for AT/SVT can start with reducing the amount of caffeine intake, reducing/quitting smoking, getting more rest. Symptoms of VT can include dizziness, palpitations, shortness of breath, nausea, lightheadedness, unconsciousness, and cardiac arrest. Treatment for VT depends on the cause, but may require immediate electrical defibrillation, medication (prescribed for home use and/or administered by health care professionals), radio-frequency ablation, or surgery.

If your client has an arrhythmia or irregular heartbeat, please ask the following questions:

1. What is the diagnosis given for your arrhythmia/irregular heartbeat?
2. What symptoms did you have that led to the testing that diagnosed your condition?
3. Do you experience fatigue, shortness of breath, palpitations, syncope (fainting) or chest pain? When did you last experience one of more of these symptoms?
4. When were you diagnosed, and how many episodes of arrhythmia are you aware of?
5. What treatment have you received, or are you receiving? Medications? Ablation? Cardioversion? Defibrillation? Pacemaker? If you had surgical procedures, what were they and when did they occur?
6. How often do you follow up with your cardiologist?
7. Has your cardiologist recommended any surgical procedures within the upcoming months?

As always, our Underwriters are available to help you with any questions you may have.

¹All information is intended as general knowledge only and is not a substitute for medical advice for specific medical conditions. We cannot and do not give medical advice. Individuals are always encouraged to seek medical advice for any specific health issues.

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Information for this article was obtained from the following sources:
http://www.heart.org/HEARTORG/Conditions/Arrhythmia/AboutArrhythmia/About-Arrhythmia_UCM_002010_Article.jsp#.Wd94o1u3zct
<https://www.mayoclinic.org/tests-procedures/cardiac-ablation/home/ovc-20268855>
https://www.medicinenet.com/calcium_channel_blockers/article.htm

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