
Arthritis	Page 2
Asthma	Page 3
Hepatitis	Page 4
Multiple Sclerosis	Page 5
Sleep Apnea	Page 6
Ulcerative Colitis	Page 7
Depression	Page 8

ARTHRITIS

Hints for Working with Arthritic Clients

PROBLEM:

There are many types of arthritis but the two we see in underwriting most often are osteo and rheumatoid. Osteoarthritis is an inflammation of a joint usually associated with the aging process. It is rarely disabling and extra mortality is rare. It can usually be taken at standard rates. Rheumatoid arthritis, on the other hand, is associated with disability and can affect a person's longevity. It is not associated with the aging process and can affect anyone at any time. It is usually diagnosed in our 30's or 40's and affects females more than males.

DATA:

Rheumatoid Arthritis is a connective tissue disease of unknown cause. (Systemic Lupus Erythematosus is another type of connective tissue disorder associated with extra mortality.) Symptoms include weight loss, a low-grade fever, joint swelling and pain and fatigue. Blood tests such as the Erythrocyte Sedimentation Rate and Rheumatoid factor will be elevated and the higher the more severe disease has higher test counts. Skin nodules will be associated with approximately 20% of the cases and they signify a more severe prognosis. The extra mortality with this disease is due to pulmonary fibrosis, kidney and heart problems.

Treatment of this problem is indicative of the severity of the disease. Milder forms can be treated by non-steroidal drugs while the more severe type needs to be treated with steroids such as Prednisone, and Methotrexate. The long-term use of these drugs also causes extra mortality.

NECESSARY INFORMATION FOR A QUICK AND ACCURATE UNDERWRITING CLASSIFICATION:

- Severity of attacks
- Steroid Use
- Presence of nodules
- Disability
- Any associated impairments
- Sedimentation Rate

CHOOSING AN UNDERWRITING CLASSIFICATION:

Standard	Most Osteo or mild Rheumatoid Arthritis	No time lost from work. Treated with non-steroids. Sedimentation rate less than 30.
Low Substandard / Table 2-4	Moderate Rheumatoid Arthritis	No more than an occasional day off work. Chronic disease with the use of steroids and a Sedimentation Rate of greater than 30
Moderate to High Substandard / Table 6- Decline	Severe Rheumatoid Arthritis	Significant disability, nodules present and other organ involvement

ASTHMA

Hints for Working with Asthmatic Clients

PROBLEM:

Many clients don't think asthma is a ratable impairment. Asthma has long been associated with kids, allergies, and changes of season. However, a large and growing number of adults have asthma that requires oral inhalers and there can be extra mortality associated with this condition. A vast number of asthmatics will be standard or preferred, while some will be rated.

DATA:

Bronchial asthma is characterized by shortness of breath and wheezing due to constriction (narrowing) of the smaller airways. Asthma occurs in one to two percent of the population, and allergic or presumed allergic factors are responsible for most cases. Those with continuous asthma symptoms can develop scarring of the lungs and abnormal pulmonary function tests (PFT's) and chest x-rays. Chronic use of steroid inhalers may be required to decrease the inflammation and prevent acute attacks. Prolonged steroid use, in and of itself, can increase mortality.

Symptoms of asthma attacks include chest tightness, coughing, wheezing, and labored breathing. An attack may last just a few minutes or up to several hours. Fatigue, cold air inhalation and stress are among the many factors that can cause an acute episode. Status asthmaticus is characterized by a sudden, intense, continuous state of asthma with a lack of response to normal treatment efforts and requires hospitalization. Status asthmaticus can lead to death.

NECESSARY INFORMATION FOR A QUICK AND ACCURATE UNDERWRITING CLASSIFICATION:

- Frequency of attacks
- Severity of attacks
- Type of drugs
- Steroid Use
- Hospitalization
- Age
- Any associated impairments
- Number of drugs or inhalers used
- Smoking

CHOOSING AN UNDERWRITING CLASSIFICATION:

Preferred	Mild Asthma	Infrequent or seasonal attacks treated with one medication (not oral steroid) or one bronchodilator inhaler.
Standard	Mild/Moderate Asthma	No time lost from work, occasional use of an oral inhaler.
Low Substandard / Table 2-4	Moderate Asthma	No more than an occasional day off work. Oral inhaler or injection necessary to break up the attack.
Moderate to High Substandard / Table 6- Decline	Severe Asthma	Episodes that require hospitalization.

Hepatitis

HINTS FOR CLASSIFYING YOUR CLIENT WITH A HEPATITIS HISTORY

PROBLEM:

There are at least six known types of Hepatitis. Some will be preferred or standard while others will be rated or declined. Knowing the three basic types and their characteristics will help in accurately classifying your client.

DATA:

Hepatitis is an inflammation of the liver. The usual cause is viral, but alcohol, prescription drugs and toxins can be counted as reasons.

Hepatitis A is very contagious and is transmitted through food and water. Likely sources include restaurants (food poisoning) and day care centers. Hepatitis A is self-limiting and does not progress to chronic liver disease, therefore a history of this Hepatitis could be preferred.

Hepatitis B is transmitted sexually, through intravenous needle exposure or from mother to infant. Up to 10% of people with it can develop chronic hepatitis that can lead to liver damage. This type of Hepatitis can be standard provided there is no liver damage.

Hepatitis C is transmitted through intravenous needles and through blood transfusions. Over half of the people with this will develop liver damage. Treatment includes the drug Interferon and this is sometimes supplemented with the drug Riboviron. People with Hepatitis C will typically be moderately rated.

NECESSARY INFORMATION FOR A QUICK AND ACCURATE UNDERWRITING CLASSIFICATION:

- Type of hepatitis
- Type of tests and results
- Alcohol use
- Type of treatment and when
- Biopsy report

CHOOSING AN UNDERWRITING CLASSIFICATION:

Preferred/ Standard	Hepatitis A or B	No residual liver damage, liver tests normal.
Low Substandard / Table 2-4	Hepatitis B	Minimal liver damage, liver tests mildly elevated and stable. No alcohol abuse.
Moderate Substandard to Decline / Table 6 to Decline	Hepatitis B or C	Minimal to moderate liver damage, liver tests moderately elevated and stable. Rare alcohol intake.

MULTIPLE SCLEROSIS

Hints for Working with Clients with Multiple Sclerosis

Problem:

This complex disease of the central nervous system is being seen more in the United States than ever before. It is the most common neurological disease in young adults and strikes woman twice as often as men. Underwriting classification is difficult and can range from standard to decline.

Data:

Multiple Sclerosis attacks the covering (Myelin Sheath) of nerves, ultimately forming plaques or lesions that inhibit the passage of normal nerve transmission. This results in problems with speech, sight and muscle movement.

This is a particularly difficult disease to diagnose as attacks can come and go. Typical symptoms include blurring or double vision, numbness and tingling, light headedness and generalized weakness. A Magnetic Resonance Imaging (MRI) is the gold standard of diagnosis as it can pick up the portion of nerves that are being destroyed. Unfortunately, at present there is no cure.

Necessary Information for a Quick and Accurate Underwriting

Classification

- Age at onset
- Number of attacks per year
- Extent of disability
- How quickly the disease progresses

CHOOSING AN UNDERWRITING CLASSIFICATION:

Standard/Table-2	Mild MS	Onset before age 35,5 plus years of 2-4 attacks with recovery between. No disability.
Moderate Substandard / Table 4-6	Moderate MS	Diagnosed over 35, slowly progressive for at least one year, moderately disabling.
High substandard / Table 8-decline	Severe MS	Significant disability, slowly progressing.

SLEEP APNEA

Hints for Working with Sleep Apnea

PROBLEM:

The client that snores is usually not an underwriting problem. However, if the snoring is coupled with sleep apnea there could be associated extra mortality. Most clients with this condition will be standard, some could be standard better, and some will be rated.

Preferred is rarely available.

DATA:

Sleep apnea (cessation of breathing while asleep) is usually found in overweight, hypertensive middle-aged males. Symptoms include daytime drowsiness, loud snoring and reported apnea episodes. Approximately 40% of those diagnosed are significantly over weight and roughly 90% have high blood pressure.

Evaluation for sleep apnea involves an overnight sleep study that will determine the severity of the problem.

Treatment includes weight loss, the use of a CPAP machine that forces a breath of air, or in rare cases, surgery that enlarges the throat. Follow up studies show that this is successful only 50% of the time. The use of a CPAP machine usually solves the problem.

NECESSARY INFORMATION FOR A QUICK AND ACCURATE UNDERWRITING CLASSIFICATION:

- The frequency and severity of the attacks
- The type of treatment
- The sleep study results
- Associated impairments

CHOOSING AN UNDERWRITING CLASSIFICATION:

Standard Better	Mild/Moderate Sleep Apnea	Sleep study shows mild or moderate disorder. Compliant with CPAP for at least two years.
Standard	Mild/Moderate Sleep Apnea	Sleep study shows mild or moderate disorder. Compliant with treatment.
Low substandard/Table 2-4	Moderate/Severe Sleep Apnea	Sleep study shows a moderate or severe disorder. Compliant with treatment.
Moderate to high substandard / Table 6 to decline	Very Severe Sleep Apnea	Sleep study shows severe disorder. Non-Compliant with CPAP use will result in a decline.

ULCERATIVE COLITIS

Hints for Working With Clients Who Have Ulcerative Colitis

PROBLEM:

Colitis is an inflammation of the bowel wall. When your client has ulcerative colitis there are field underwriting challenges and the probability of additional premium. A preferred underwriting classification would seldom, if ever, be available.

DATA:

Ulcerative colitis is characterized by changes in the colon and/or rectum that can lead to intense diarrhea, bloody stools, anemia and cancer of the affected area. It usually develops between the ages of 25-45. The drug Sulfasalazine (Azulfadine) is usually the first treatment choice and if that is not effective a combination of corticosteroids or immunosuppressive agents will be used. Major surgery on the affected area is a choice that can result in a long-term solution.

NECESSARY INFORMATION FOR A QUICK AND ACCURATE UNDERWRITING CLASSIFICATION:

- Age at diagnosis (*first flair up*)
- Names of medications used
- Type of surgery (*if applicable*)

CHOOSING AN UNDERWRITING CLASSIFICATION:

<i>Standard to Table 2</i>	Mild Ulcerative Colitis or Surgically Repaired Ulcerative Colitis	A single episode with recovery and good follow-up, duration less than 10 years or surgical removal of the affected area
<i>Low Substandard / Table 2-4</i>	Moderate Ulcerative Colitis	Duration 10–20 years, steroid or immunosuppressent drug use
<i>Moderate to High Substandard / Table 6–Decline</i>	Severe Ulcerative Colitis	Duration over 20 years, steroid or immunosuppressent drug use

DEPRESSION

Hints for Working with Clients Suffering from Depression

PROBLEM:

All of us feel down from time to time; it's normal. When a person feels empty, tired, exhausted and is struggling to make it through the day, he or she may have depression. While most depression cases are mild and Standard rates are a possibility (some even at Preferred), severe depression, presents a more significant underwriting challenge and will likely be moderately rated or even declined. These situations are complicated because the subject is frequently uncomfortable for your client to discuss and most believe their depression is mild (even when it is not).

DATA:

Depression is a mental state characterized by apathy, an absence of hope and a feeling of emptiness. This can interfere with work, eating, sleeping habits, socialization and the ability to enjoy life. Extra mortality risk is associated with depression due to suicide and drug/alcohol abuse. Treatment of this problem is indicative of the severity. Mild forms can be treated with low doses of anti-depressants, while more significant forms can be treated with higher doses or different types of medication. (An example of a different type of medication is lithium).

NECESSARY INFORMATION FOR A QUICK AND ACCURATE UNDERWRITING CLASSIFICATION:

- Age of Onset
- Name and Dosage of Medication Taken
- Currently Seeing a Doctor, Therapist or Practitioner for Depression
- Hospitalization(s) Associated with Depression
- Current Employment Situation (favorable employment outlook, days missed due to depression, etc.)
- History of Suicide Attempts
- History of Disability
- Staying at Home or Outside Interests

CHOOSING AN UNDERWRITING CLASSIFICATION:

Standard (possibly Preferred)	Diagnosed mild or reactive depression.	No time lost from work. Event related (e.g. death in the family). Taking low doses of Paxil, Wellbutrin, Lexapro, etc.
Low Substandard / Table 2-4	Diagnosed with moderate depression or manic depression (bi-polar).	History of suicide attempt over 5 years ago, disability, and/or hospitalization. Taking lithium or large doses of medication.
Moderate to High Substandard / Table 6–Decline	Diagnosed with severe depression.	Suicide attempt between 1 and 5 years ago. Not functioning well. Frequent hospitalizations.