

IMPAIRED RISK REFERENCES

Issue 1

THE CASE

STUDY FOR

THIS MONTH

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A 66-year-old male is applying for \$500,000 worth of ten-year term life insurance. He suffered a stroke in January 1997 and has residual numbness in his left side. He takes aspirin, Zestril, and Lipitor and recent follow up exams are unremarkable.

Stroke, or CVA (cerebrovascular accident), is the third leading cause of death in the United States. There are 750,000 cases of stroke per year, but many strokes are silent. In these cases, no immediately recognizable symptoms are present so the effects of the stroke are found only coincidentally.

A stroke occurs when a blood vessel in the brain bursts or becomes clogged by a blood clot restricting the flow of oxygen to the brain cells. Strokes caused by cerebral thrombosis or blood clots account for 70-80% of all strokes. This process, called atherosclerosis, is similar to that which causes heart attacks: thickening or hardening of the walls of the arteries. With a stroke, however, the artery is in the brain.

Current medical efforts are directed at limiting the size of the brain injury while the stroke is happening. This can be accomplished with "clot buster" medication (t-PA, tissue plasminogen activator). Limiting the damage logically improves not only the subsequent functionality of the person (morbidity), but also the ultimate mortality, and thereby the insurability.

One of the most hopeful areas of stroke research is stem cell transplants to enhance the recovery from brain damage. The stem cells can regenerate brain tissue and grow new blood vessels. The future of victims with large brain injury may be brighter with continued research in this field.

When reviewing an application for someone who's had a stroke, the underwriting focus is on how the factors that caused the vascular disease have been controlled. These are the same as the coronary risk factors. The most important controllable factors are smoking and blood pressure. Cholesterol levels and diabetes are also

factors that can affect the risk of a stroke or vascular disease. Regular aspirin along with preventative medication, such as the statins (Lipitor, Zocor, Pravachol) and possibly blood pressure medication, is often a benefit even when the blood pressure and cholesterol levels are normal.

There are other causes of stroke, for example: high blood pressure (hypertension); atrial fibrillation, a condition characterized by the "quiver" of the atria instead of a strong "beat;" congenital heart disease which exists from birth; and ballooning or aneurysm of the arterial wall which may result in blood vessel rupture. These may be assessed differently for life insurance underwriting.

When underwriting a recent stroke victim, it is necessary to postpone life insurance coverage for six months because the risk of death from complications of the stroke is too high during this time. After the six-month period, heart attack is the most prevalent cause of death because the blood vessel disease that caused the stroke often affects the coronary arteries. The risk of heart attack after the first six months is much easier to assess and underwrite than the risk of death immediately following the stroke. A good exercise test helps the underwriting process after the six-month period.

In the case study mentioned above, the risk is likely to be underwritten as Table Two on a standard plus base rate. Standard rates may be possible five years after the stroke; the outlook for the applicant is good with continued use of preventative medications and a healthy lifestyle.



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