

IMPAIRED RISK REFERENCES

Issue 21

Underwriting Connective Tissue Disease

THE CASE

STUDY FOR

THIS MONTH

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Meet Art Gleason, director of the Impaired Risk unit. Art comes to Banner from CNA where he was a senior impaired risk underwriting consultant. Be sure to give Art a call on your next tough case.

A 55 year-old woman is looking for \$400,000 of term life insurance. Five years ago, she developed pleurisy and a rash and was diagnosed with Lupus. She is doing well but requires maintenance prednisone. Exam and lab with urinalysis are negative.

Connective Tissue (CT) disease is a degeneration caused by inflammation of the cells and proteins of the body that contain and support the organs of the body. This is a group of conditions that is also called *Collagen-Vascular disease* because collagen and blood vessels are major components of the connective tissues that are involved in this process of inflammation.

The underlying cause of CT disease is unknown but what is known is that the immune system attacks the connective tissues causing the inflammation and deterioration. Normally, the role of the immune system is to protect against foreign organisms (germs), but in this condition, the antibodies can't distinguish the germs from normal tissues and thus react with CT. For this reason, the CT diseases are called *auto-immune diseases*.

There are five specific diseases in the CT disease category. The basic differences relate to the location of the tissues that are most involved as well as the pattern of the progression that the disease takes. These diseases are:

1 Rheumatoid Arthritis is the most common CT disease and inflames the tissues that connect the bones—the joint membranes. This process deforms the adjacent bones leading to gradual debilitation. Mortality evolves mainly from the inactivity and incapacitation that often follows.

2 Lupus, a common CT disease (also called Systemic Lupus Erythematosus (SLE)), inflames multiple tissues. Pleurisy, rash and joint pain are usual symptoms. The main concern is that the disease can cause the blood vessels to inflame and deteriorate, a condition known as “vasculitis.” Renal failure is the main mortality and occurs when vasculitis attacks the kidneys.

3 Scleroderma, an uncommon but more fatal disease, initially affects the connective tissue in the skin causing the skin to harden. As this disease progresses, it hardens the vital organs and causes deterioration of the heart, lungs, kidneys and often death. CREST is a syndrome that is a variant of Scleroderma that involves the skin and the esophagus but has a better outcome.

4 Polymyositis/Dermatomyositis is a rare CT disease, affecting the connective tissues of the muscles. Cancer is some times associated with this disease but death more often follows severe and progressive muscle weakness with malnutrition, pneumonia and other infections.

5 Mixed CT Disease is a fairly common condition and is actually a combination of two or more of the diseases, as the name implies. The risk varies depending on the organs involved.

Treatment is given to accomplish two objectives. The first is to reduce the inflammation that occurs with the CT diseases. Prednisone, as used in the case study, is the most potent anti-inflammatory but has separate risks. Most doctors would prefer safer anti-inflammatories like aspirin, ibuprofen, and others. The second objective is to reduce the antibody production and the cells that produce them. This can be accomplished with Imuran and other immune suppressants.

In the case study, the most likely offer would be Table 4. The middle-age person is a better risk; young women typically have a much worse outcome. The requirement of prednisone to control the disease poses additional risks. The absence of kidney involvement and the stable track record are benefits to the assessment of this risk.



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