

Underwriting Depression

THE CASE

STUDY FOR

THIS MONTH

By Robert Quinn, MD



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Meet Deborah Winall one of our new impaired risk underwriters. Debbie comes to Banner bringing 23 years of brokerage underwriting experience to the team. She most recently worked at CNA as a senior underwriter on their Impaired Risk team.



Depression is a common ailment in the United States today. It is an emotional sensation of deep sadness, loss of all pleasure, guilt feelings, and thoughts of death. About 15 percent of the population experiences at least one episode of *major* depression in their lifetime. *Major* depression has a reoccurring pattern and 25 percent of the time it becomes chronic. A much more common occurrence is a transient, mild depression associated with a difficult situation or loss. Depression is a frequently encountered impairment in underwriting and various scenarios are seen. The underwriter must use all available signs (see diagram).

Major depression, also called a unipolar disorder, is a daily, depressed mood, lasting the entire day, and persisting continuously for at least two weeks. There are genetic factors involved in the underlying cause, as evidence by the fact that 50 percent of identical twins of those affected have similar problems. The main underlying problem in this disorder is a neurochemical disturbance in the parts of the brain that control mood. The main chemical associated with depression is serotonin. An incident triggers a disturbance of this brain chemical. The disturbance can be spontaneous (endogenous depression); but *major* depression can even be triggered by an illness or a loss and may mimic a situational depression.

Treatment is most effective with medications that affect the chemical disturbance. Recent popular treatments include Prozac, Celexa, Zoloff and many others. Psychotherapy can be helpful but to a lesser extent. A common problem in underwriting is to evaluate people on medication without *major* depression or who have recovered from one. Physicians are prone to use the medication quickly and often continue the medication indefinitely. It is not unusual to underwrite an individual on medication with very little evidence of depression and no conclusive history of *major* depression. For example, sometimes people

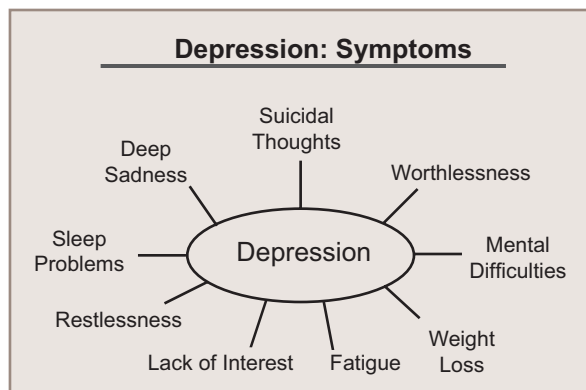
with melancholy, who only want to feel better, are placed on medication.

The mortality concerns are twofold: suicide risk and the affects on medical conditions. Suicidal thoughts often occur with depression and 15 percent of those with untreated *major* depression commit suicide. For this reason a period of emotional stability is required in underwriting. Recent attention has been given to the medical consequences of depression. It is a well-proven fact that coronary artery disease develops more often in depressed men; prognosis becomes worse for men who have had a heart attack. There are other medical consequences as well. The immune system is negatively affected by depression. Conditions such as diabetes are more of a problem. The elderly are particularly vul-

nerable to depression due to their changing lifestyles and abilities and suffer even more from associated medical consequences.

Underwriting and medical judgment is paramount. Several scenarios that may be encountered: 1) A depressed person with a history of substance abuse is usually declined. 2) A person with a medical illness or an

elderly person with a suspicion of depression is rated extra or declined. 3) A person on Prozac or the like, with no history of depression would have no class limit. 4) An unstable, uncontrolled, or recent depression is usually declined. 5) A bipolar disorder (manic-depressive) is often a higher risk but may qualify for standard plus if a long period of stability exists, even if the applicant is on lithium. 6) A person over one year from a depression, on treatment, and stable could be rated Table 2.



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