

# IMPAIRED RISK REFERENCES

Issue 3

## THE CASE

## STUDY FOR

## THIS MONTH

By Robert Quinn, MD



Dr. Robert Quinn  
VP and Medical Director

## Underwriting Diabetes

*A 60 year old man is looking for a 10-year term policy with a \$500,000 specified amount. He was diagnosed with diabetes 10 years ago. His HbA1c (see below) is 8.0. He is taking insulin and a baby aspirin daily. He exercises regularly and there have been no recognizable complications. The electrocardiogram and urinalysis show no abnormalities.*

Diabetes presently occurs in 6.6% of the general population. Almost 20% of the population over the age of 70 has some form of diabetes. This medical condition is increasing at an alarming rate with speculations that occurrences will double in prevalence in the next 25 years. It is commonly encountered in underwriting and is a complex matter to underwrite.

Diabetes is defined by a deficiency of insulin. Insulin allows sugar (glucose) to enter the cells of the body to be converted into the energy needed for daily life. When insulin exists in too small amounts, sugar is not absorbed into the cells. Instead, sugar stays in the blood and accumulates there in dangerously high amounts. This high blood sugar causes harm to the arteries, kidneys, eyes and nerve endings. Diabetes can affect almost every system in the body.

Diabetes is the single worst coronary artery risk factor. Heart attacks are four times more common in diabetics than in non-diabetics and often occur at younger ages. When diabetes is associated with other coronary risk factors (smoking, high blood pressure, etc.), the risk of disease of the arteries increases greatly. To improve the chances the arteries will not be damaged, diabetics need to keep their blood pressure below 135/85, their cholesterol below 200, stop smoking, exercise regularly, and of course, normalize their blood sugar if possible.

The higher the levels of blood sugar, the worse the risk of diseases of the blood vessels and other systems. The hemoglobinA1c (HbA1c) test measures the average blood sugar during the previous six to eight week period. A normal level is 6.0 or lower and correlates with a blood sugar of 120 or less. A level of 8.0 correlates with a blood sugar level of 180. The longer diabetes exists

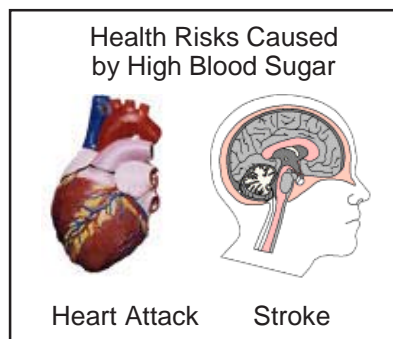
without treatment, the higher the risk of severe damage to the body.

Diabetics are treated by many methods with the ultimate goal of normalizing blood sugar levels as much as possible. Diet, exercise, medication and insulin shots are often used to lower blood sugar. In assessing underwriting risk of an insurance applicant, the method of treatment is not as important as how effectively the treatment method normalizes blood sugar levels.

Certain medications have been shown to improve mortality in diabetics who have a high risk of coronary artery disease. A baby aspirin taken every day, by those for whom it is safe to do so, can help keep the arteries from closing. Other prescription medications and vitamins can decrease risk factors, so knowing all the medications taken can aid in the underwriting process.

The future of diabetes is encouraging because of extensive research. Medications have improved and different ways to administer insulin have been developed. The goal is to make the blood sugar stay within a normal range and repair the damage that may have already occurred.

The case study presented is most likely assessed at a Table 2 risk in the standard plus class. Since the blood sugar level has averaged 180 giving the HbA1c of 8.0, it is clear that the conditions have not been adequately controlled. In addition, presence of the diabetes for ten years does not allow a favorable view of the potential damage. However, the level of risk is improved by the baby aspirin and exercise program.



This material is intended for informational purposes for contracted agencies only and may not be distributed as personal advice for clients. Products are not available in all states. For agent/broker use only. Dr. Quinn can be reached at [rquinn@LGAmerica.com](mailto:rquinn@LGAmerica.com).