LUPUS

Overview:

Lupus Erythematosus is a connective tissue disease. The origin of lupus is unknown, although since it manifests itself with skin lesions, some researchers believe there may be a correlation with exposure to the sun. There are two distinct types of lupus: Chronic Discoid Lupus and Systemic Lupus (SLE).

Chronic Discoid Lupus is a condition that manifests itself with chronic and recurrent skin and mucosal lesions. These lesions consist of macules and plaques characterized by redness, scales, hemangiomata, and atrophy. Discoid lupus is the milder form of lupus erythematosus as it typically remains confined to the skin in the majority of individuals. About 5% of individuals with this condition go on to develop the more severe form of lupus, systemic lupus erythematosus, or SLE. Since the skin abnormalities of both types of lupus appear very similar, it is important to investigate the condition further in order to properly classify the type of lupus. Firm diagnosis can often be established via skin biopsy as well as a variety of tests that check for other tissue/organ involvement.

Systemic Lupus Erythematosus (SLE) is a connective tissue disorder that can affect any organ/tissue. The cause for systemic lupus is unknown. SLE is a condition in which the body becomes allergic to its own tissues, producing autoantibodies which lead to an inflammatory response in multiple tissues (hence the term "systemic" lupus). The disease often manifests itself with skin lesions similar to those described for discoid lupus above. Abnormal lab findings due to the inflammation of various tissues are to be expected. Many symptoms are experienced similar to those common in rheumatoid arthritis.

Recent treatment with steroids has significantly enhanced the life span of individuals affected with SLE. About 90% of patients with SLE survive for at least ten years. Prognosis for the condition depends primarily on the severity of the disease as manifested by the organs affected. The most favorable cases of SLE show no involvement of major organs. More common is at least some involvement of the kidneys and central nervous system. Extreme cases lead to severe kidney involvement and a high early mortality.

Impact on Life Underwriting:

Life underwriting results will primarily depend on the type of lupus diagnosed. If the systemic form of the disease can be ruled out, discoid lupus with no further complications (such as proteinuria) can often be offered standard rates, especially if the medical history is well documented in APS data.

Ratings for SLE depend on the level of organ involvement, the time since diagnosis, and the response to treatment over the course of years. Most companies will postpone offers of insurance until at least one year following initial diagnosis of SLE.

Under the best circumstances, in very rare cases, standard rates will be offered if a person has responded exceptionally well to treatment and has been symptom free for at least five consecutive years. Very mild forms of localized disease that is well controlled by medication (as indicated by APS data over at least one or more years) may lead to moderate table ratings. The better the track record established in the APS, the longer there is a history of good disease management, the better the chance for long term survival and thus the lower the rating offered. Cases with evidence of active kidney involvement will be declined; the same is true for patients with evidence of cerebral disease. Multiple major organ involvement will also be declined in most circumstances.

Unfortunately, many affected individuals who seem to have recovered and be symptom free, relapse after months or even years. Underwriting therefore will be most favorable for those individuals with a well managed history of SLE for at least five to ten years. In order to help you with approximate premiums, please obtain the information requested on the following