

**Overview:**

“Colitis” is a generic term that refers to several conditions that involve inflammation of the colon. A proposed insured may indicate he/she has colitis when referring to one of the following conditions: Chronic Ulcerative Colitis (CUC), Crohn's Disease, ischemic colitis, infectious gastroenteritis, Irritable Bowel Syndrome (IBS), or colon spasms. With the exception of CUC and Crohn's Disease, most of these conditions are of little concern to the life underwriter.

*Chronic Ulcerative Colitis (CUC)* is characterized by recurrent inflammation of the internal surface of the large intestine (colon) and/or rectum. It manifests itself with abdominal pain, bloody diarrhea, fever, anemia, and an overall feeling of weakness. Generally speaking, the smaller and lower the areas of the colon affected, the more mild and easier it is to treat the condition. In severe cases the entire colon becomes inflamed. Various medications are on the market to treat CUC; for the most extreme cases surgery, possibly including removal of the entire colon, may be necessary.

CUC several risks to mortality. The inflamed lining of the colon breaks down, causing many ulcers which can hemorrhage (bleed) massively. The colon can emit poisons into the system and lead to critical illness. The colon may also rupture and spill its content into the abdominal cavity (a major catastrophic event). Of more frequent concern is colon cancer, which, over time, is seen in as many as 42% of individuals with a significant and recurrent history of ulcerative colitis. The larger the portion of the colon affected, the more frequent the episodes of inflammation, the greater the risk to developing colon cancer. Frequent colonoscopies are required in order to rule out any cancer, or to treat it early, if it develops.

*Crohn's Disease* refers to inflammation of *any* part of the gastrointestinal tract, from mouth to anus; untreated Crohn's Disease attacks increase in frequency with time. The most commonly infected areas include the small and large intestine and parts of the rectum. Crohn's Disease manifests itself with abdominal pain, chronic bloody diarrhea, weight loss, anorexia and possibly fever. Abnormal blood studies are common due to vitamin deficiency and blood loss. Treatment is similar to that utilized to treat CUC, although surgery is more common. Unlike for CUC, a colectomy (removal of the entire colon) is generally not curative for Crohn's disease as other tissues are often involved.

The mortality risk for Crohn's Disease is different from that observed for CUC. In Crohn's Disease, there is an accumulation of inflammatory products in the wall of the intestine, rather than on the internal surface, as is observed with CUC. This accumulation can lead to a complete blockage of the intestine which may require emergency surgery. Another risk is that the inflammatory material in the wall can become infected and lead to bacterial abscess and contamination of the blood, a potentially critical condition. Crohn's Disease can also lead to the development of channels (fistulae) that extend to other organs, such as the kidneys, leading to organ damage there. Finally, repeat surgeries to treat Crohn's disease may lead to malabsorption of certain nutrients (since the intestine may become shortened over time) leading to malnourishment. Fortunately, the risk of colon cancer in Crohn's is much smaller than for CUC.

**Impact on Life Underwriting:**

Underwriting offers for individuals Chronic Ulcerative Colitis and Crohn's Disease depend on the time elapsed *since first diagnosis*, the age of the patient, the location, frequency, duration, and severity of each episode of inflammation, as well as the patient's response to treatment and the likelihood of significant surgical intervention in the future.

Individuals with occasional irritable bowel syndrome (i.e. not “true colitis”) often can obtain standard rates. Low to moderate table ratings should be expected for many mild and moderate cases of CUC or Crohn's Disease. Severe cases with significant and frequent episodes of inflammation may lead to a postponement until further treatment.

Individuals with any colitis condition, but especially those who experience the inflammations frequently, severely, and over significant areas of the gastrointestinal tract for ten or more years are at an increased risk for the development of colon cancer. Frequent medical checkups with cancer screens, will help the underwriter make a more favorable assessment of the condition. Most declines for colitis are seen for individuals with a history of frequent episodes of inflammation over the course of ten to fifteen or more years lacking appropriate recent medical follow up (via colonoscopy).

Underwriting any form of intestinal disorder can be positively affected by good nutritional habits, use of vitamin supplements, regular exercise, and good weight control. Normal lab studies documented in APS data, as well as those requested for the insurance exam, will further aid in evaluating the risk favorably. A cover letter should address positive lifestyle habits. We suggest you complete our Search for Underwriting Credits Questionnaire to help us negotiate the lowest possible rates for your client. Thank you. SB 04/16/2001