

Asthma

Bronchial asthma is characterized by shortness of breath and wheezing due to constriction (narrowing) of the smaller airways. Asthma occurs in one to two percent of the population, and allergic or presumed allergic factors are responsible for most cases. Recent research supports the concept that asthma is a chronic inflammatory disease with management directed to controlling the inflammation. Those with continuous asthma symptoms can develop scarring of the lung with permanent changes on pulmonary function tests (PFT's) and chest x-ray due to the chronic inflammation. Chronic use of steroid inhalers may be required to decrease the inflammation and prevent acute attacks.

Symptoms of an asthmatic attack, including chest tightness, coughing, wheezing, and labored breathing, may last a few minutes to several hours and may vary in severity. Fatigue, cold air inhalation and stress can cause asthma symptoms in individuals whose airways are hyperactive. Status asthmaticus is characterized by a sudden, intense, continuous state of asthma with a lack of response to normal treatment efforts and requires hospitalization. Status asthmaticus can lead to death.

In determining a rating for asthma, the frequency and severity of attacks are important. Severity can be categorized as follows:

- Mild** - Infrequent short, not incapacitating attacks; lungs clear between attacks; oral medication and inhalants as needed.
- Moderate** - More severe attacks incapacitating up to 24 hours; requiring occasional medication such as injections or aerosolized/nebulized bronchodilators; bolus oral steroid treatment given no more than once a year.
- Severe** - Prolonged, frequently disabling attacks for periods of more than 24 hours; requiring frequent doctor visits and/or hospitalization and/or intensified medications such as epinephrine, theophylline or steroids.

Underwriting guidelines for asthma (over age 15), where no other significant health problems are present:

Mild	Non-rated
Moderate	Table B
Severe	Decline

To get an idea of how a client with Asthma would be viewed in the underwriting process, please feel free to use this Ask "Rx" *per underwriter* for an informal quote.

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This material is intended for insurance informational purposes only and is not personal medical advice for clients.



Asthma - Ask "Rx" pert underwriter

(ask our experts)

Producer _____ Phone _____ FAX _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of Asthma, please answer the following:

✕ Please list date when first diagnosed: _____

⌘ Has your client ever been hospitalized for this condition:

yes, please give details _____

no

⌘ How often does your client see a physician for asthma? _____

⌘ Has your client ever smoked?

yes, and currently smokes _____ (amount/day)

yes, smoked in the past but quit _____ (date)

never smoked

⊗ Is your client on any other medications (include inhalers) or any medications taken on an "as needed" basis?

yes, please give details _____

no

⊕ Have pulmonary function tests (a breathing test) ever been done?

yes, please give most recent test results _____

no

⊗ Does your client have any abnormalities on an ECG or x-ray?

yes, please give details _____

no

○ Does your client have any other major health problems? (ex: heart disease, etc.)

yes, please give details _____

no

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