

Dementia

Dementia is a broad category of disorders characterized by an acquired decline in memory and other cognitive functions which impair daily function. The most common form of dementia is Alzheimer's Disease (AD) which accounts for two thirds of all cases. The second most common form is vascular dementia (also called multi-infarct dementia) which comprises 15% of dementia cases. Other forms of dementia can be caused by central nervous system disorders such as Creutzfeldt-Jakob Disease, drug affects and alcoholism (Korsakoff's Syndrome).

The prevalence of dementia increases from 1% at age 60 to 30-50% at age 85. The increase reflects the large number of Alzheimer's patients which is estimated at approximately 4 million in the U.S. The exact cause of AD is unknown.

Most patients with AD initially present with symptoms of memory loss such as forgetting names or misplacing household items. They progress to more severe memory loss, personality changes, depression and need for assistance with daily functions such as cooking or dressing. In the final stages of AD, patients become completely incapacitated, disoriented and have total loss of verbal and motor skills. The rate of progression is related to age, gender (more common in women) and the presence of comorbidity factors such as hypertension, coronary artery disease and diabetes. Death is usually due to total debilitation or infection.

The initial diagnosis is usually made based on physical examination, mental status testing and observations of family members and the patient. Also important is the patient's functional status as determined by assessment of Activities of Daily Living (ADL). The ADLs are bathing, toileting, dressing, continence, transferring and self feeding.

The median survival for AD is 8-9 years from onset and 5 years from MD diagnosis. There's currently no effective treatment for AD, although there's been some success slowing progression in mild to moderate cases with the use of medication. More effective treatment is expected in the future when the causative factors for AD are isolated.

Most cases of dementia are uninsurable on the individual basis, but may be insurable on a highly rated basis for survivorship. All cases should be submitted on an inquiry basis to determine our probable underwriting action.

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

For Internal Use Only. Not For Use With The Public.

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

Dementia - Ask "Rx" pert underwriter
(ask our experts)

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

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

← Please note type of Dementia: _____

↑ Please list date of onset of symptoms, _____
and date of diagnosis: _____

→ Is your client on any medications?
 yes, please give details _____
 no

↓ Please note functional status:
 minimal cognitive changes, fully functioning
 needs supervision outside the home
 assistance needed on any ADL (Activities of Daily Living)
 custodial care

° Is there also a history of depression?
 yes, please give details _____
 no

± Has your client smoked cigarettes in last 12 months?
 yes
 no

” Does your client have any other major health problems (ex: cancer, etc.)?
 yes, please give details _____
 no

After reading the *Rx for Success* on Dementia, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

For Internal Use Only. Not For Use With The Public.

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

