

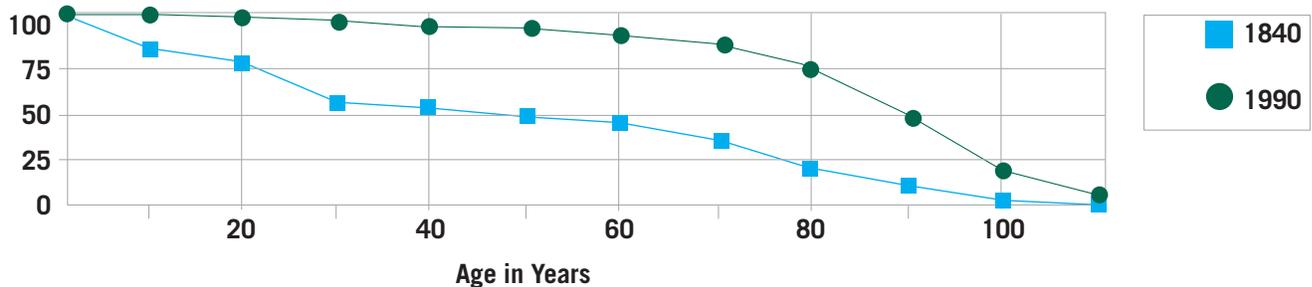
Older Age Underwriting: Frisky vs. Frail



What is “old” or elderly”? For our purposes, “Old” is defined as 76-80, “Older Old” as 81-85 and “Oldest Old” as 85-90. The population over age 85 is rapidly growing in the United States.

For the past 2 decades, the mortality rate among the elderly has been declining, largely due to reduced mortality from cardiovascular disease and stroke. As life expectancy of the general population improves, the survival curve “squares”.

Surviving Percent



The speed of the aging process is variable. Some individuals remain exceptionally fit beyond age 90, while others become frail and fragile early. The frail group shows a higher mortality compared to the robust group. Those with successful aging have robust health and are fully independent physically and cognitively. Frailty can be defined as having decreased reserves and less resilience to stressors as a result of decline in multiple body systems. Frailty can lead to falls, functional decline, and mortality. Frailty often requires dependency on others.

The leading causes of death in those 80+ years old are:

1. Heart Disease
2. Cancer
3. Cerebrovascular Disease
4. Pneumonia and Influenza
5. Chronic Obstructive Disease

Other significant medical impairments in the elderly include diabetes, depression, dementia, kidney disease, alcohol abuse and injury from accidents or falls.

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When assessing the elderly in underwriting, it is important to note the usual chronic diseases (e.g., cardiovascular disease, COPD and cancer). But because of its strong impact on prognosis, it is also important to assess frailty. Key features of frailty are social isolation, dependency in managing life activities and self-care, cognitive decline, shrinking of bone and muscle mass, and slow weight loss.

Starting with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), the underwriter considers many physical, psychosocial, and functional factors for the older applicant (>75yr old). See the lists below.

Activities of daily living

- Ambulation
- Bathing
- Continence (bowel and bladder)
- Dressing
- Eating
- Toileting
- Transferring

Instrumental ADLs

- Using phone
- Shopping
- Preparing meals
- Laundry
- Housekeeping
- Taking meds right
- Managing money
- Traveling

Factors Considered in Older Age Risk Assessment

General

- ADLs and IADLs (see above)
- AP's impression of general health
- Alcohol and smoking habits
- Sedative and narcotic use
- Bladder and bowel function
- Family history of longevity
- Preventive care and cancer screening: immunizations, PSAs, mammograms, colonoscopies, etc
- Number of prescriptions drugs
- Compliance with physician recommendations
- Driving ability
- Falling and ability to rise
- Pain
- Pets (owning and caring for)
- Self-assessment of health
- Social interaction vs social isolation
- Social support system
- Being a caregiver to sick relative
- Elder abuse
- Socioeconomic and educational levels
- Hospitalization in past year
- Weight, including unexplained loss
- Swallowing ability and dentition

Orthopedic

- Gait, balance, flexibility, mobility (both upper and lower extremities)
- Muscle mass (sarcopenia)
- Osteoporosis
- Osteoarthritis

Psychoneural

- Memory quality
- Mood, good humor, positive attitude
- Neuropathy

Sensory

- Hearing loss
- Visual loss
- Loss of taste or smell

Laboratory

- Albumin
- Hemoglobin
- Creatinine
- Sed rate
- PFTs

Cardiovascular

- Systolic hypertension and pulse pressure
- Exercise tolerance
- Tachycardia at rest
- Orthostatic hypotension

To get an idea of how a client with an Atrial or Ventricular Septal Defects would be viewed in the underwriting process, feel free to use the Ask "Rx" perts on the attached page for an informal quote.

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