

Underwriting

ALZHEIMER'S DISEASE



by Donald Victorson, CLU

UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
"NO."

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say
"YES."

While the cause of Alzheimer's disease is still unknown, an early diagnosis is extremely important to maximize the quality of life, resolve anxiety, improve chances of benefiting from treatment, and gain more time to plan for the future.

Another reason to obtain an accurate diagnosis is to identify the actual cause of the dementia to receive the proper care. Dementia related to depression, drug interaction, thyroid problems, or vitamin deficiencies may be reversible if detected early. Other causes of dementia include strokes, Huntington's disease, and Parkinson's and are not reversible.

Warning Signs of Alzheimer's Disease

- Memory loss that affects job skills.
- Difficulty performing familiar tasks.
- Problems with language.
- Disorientation as to time and place.
- Poor or decreased judgment.
- Problems with abstract thinking.
- Misplacing things.
- Changes in mood or behavior.
- Changes in personality.
- Loss of initiative.

A diagnosis of *probable Alzheimer's* indicates that the physician has ruled out all other disorders that may be causing dementia and has come to the conclusion that symptoms are most likely the result of Alzheimer's disease.

A diagnosis of *possible Alzheimer's* means that Alzheimer's disease is the primary cause of dementia symptoms but that another disorder may be affecting the progression of Alzheimer's, so that the disease process is somewhat different from what is seen normally.

A diagnosis of *definite Alzheimer's* can be made only at the time of autopsy and requires examination of brain tissue. A brain autopsy is the only way to diagnose the disease with 100% accuracy.

To properly evaluate a client's insurability you must ask the following important questions:

Is the client "suspected" or been "diagnosed" as having Alzheimer's disease or dementia?

It is important to learn if the physician suspects, or has actually diagnosed the client as having Alzheimer's disease.

It is not uncommon for older people to experience memory loss and cognitive problems. This may be part of the normal aging process, or it may be caused by: cerebral vascular disease, Parkinson's disease, Huntington's disease, brain tumors, depression, schizophrenia, low thyroid function, vitamin deficiency, or substance abuse.

Does the client's condition seem to be deteriorating?

It is important to understand if the memory and cognitive problems are getting worse or have remained the same for some time.

Does the client live alone or with a spouse?

If the client can manage all of his or her normal affairs, then the suspected dementia is probably mild. If full time assistance is needed, or an assisted living environment is required, then the suspected dementia is likely more severe. Those clients needing an assisted living environment, at home, or in an institution, due to suspected dementia are almost certainly uninsurable on any basis.

Dementia represents a progressive decline from a higher level to a lower level. If the memory loss and cognitive changes are mild and stable, then dementia is an unlikely diagnosis.

Does the client drive a car and manage his or her own finances?

Driving a car and managing personal finances represent the highest level of ADLs. If the client can still do both of these, then any suspected problems with memory loss and cognitive function are presumed to be mild.

What medications is the client currently taking?

Clients with suspected Alzheimer's disease may be taking either Cognex (tacrine) or Aricept (donepezil). If either of these medications is being taken they are probably uninsurable.