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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."

Underwriting

CROHN'S DISEASE

Inflammatory bowel disease (IBD) is a common group of chronic disorders that cause inflammation or ulceration in the small and large intestines. Most often called ULCERATIVE COLITIS or CROHN'S DISEASE but may also be referred to as COLITIS, ENTERITIS OF PROCTITIS.

Ulcerative Colitis causes ulceration and inflammation of the inner lining of the colon and rectum, while Crohn's Disease is an inflammation that extends into the deeper layers of the intestinal wall.

Ulcerative Colitis and Crohn's Disease cause similar symptoms that often resemble other conditions such as irritable bowel syndrome. The correct diagnosis is frequently difficult.

Crohn's Disease usually involves the small intestine, most often the lower part (ileum). In some cases, both the small and large intestine are affected. In other cases, only the colon is involved. Sometimes inflammation also may affect the mouth, esophagus, stomach, duodenum, appendix or anus. Crohn's Disease is a chronic condition and may recur many times over a lifetime. Some people have long periods of remission, when they are free of symptoms. There is no way to predict when symptoms will return.

No special diet has been proven effective for preventing or treating Crohn's Disease. Some people find their symptoms are made worse by milk, alcohol, hot spices or fiber. Large doses of vitamins are useless and may even cause harmful side effects. There are no hard and fast rules.

The most common complication of Crohn's Disease is blockage of the intestine. This occurs because the disease tends to thicken the bowel wall with swelling and fibrous scar tissue, narrowing the passage.

Crohn's Disease may also cause deep ulcer tracts that burrow all the way through the bowel wall into surrounding tissues, into other nearby organs such as the urinary bladder, or vagina, or into the skin. The areas around the anus and rectum often are involved.

In order to evaluate the prospect's insurability you need to ask the following important questions:

• When was the client diagnosed and/or treated?

Crohn's Disease is a chronic inflammato-

ry disease of the large and small intestines; its cause is unknown. Like ulcerative colitis, it attacks the intestine in a "flare/remission" pattern. Unlike Ulcerative Colitis, Crohn's Disease attacks both the large and small intestines. The attacks may include abdominal pain, bloody diarrhea and even bowel obstruction. It is progressive over time. The majority of cases will eventually require surgical intervention. 50% of patients who have had surgery can expect a recurrence of symptoms within four years following surgery. 30% require repeat surgery in five years.

 What medication is the client currently taking?

Medications used both to treat the "flare" episodes as well as to prolong the remission in Crohn's Disease include Salicylates (Azulfidine, Dipentum, Ascol and Pentasa), as well as Immune System Depressants (Imuran, Purinethol, Sandimmune and Rheumatrex). Steroids are also used orally (Prednisone) or in enemas (Cortenema). Antibiotics can also be beneficial. It is important to obtain the names and dosages of all medications being taken by the client.

- When did the client have their last significant flare, and was hospitalization required?
- Has the client required surgery to treat their condition?

The majority of patients with Crohn's Disease require surgery at some point in their illness. It is important to determine when was the most recent surgery, and have there been any "flares" since the surgery?

• Is the client aware of any complications outside of the intestinal tract from their Crohn's

Crohn's Disease can affect more than the intestinal tract. It can also cause inflammation of the joints, spine, eyes and liver.

Underwriting Prognosis

As you can see, Crohn's Disease and Ulcerative Colitis are not to be taken lightly. Mild, well-controlled cases with some reasonable period of recovery will frequently be Standard. Many times a rating is necessary which can be anywhere from table 2 to table 6 or more.

Crohn's Disease can be extremely painful. It is rarely a declination.