

Diabetic Complications

Diabetes unfortunately due to our sedentary, junk food environment is becoming far too common for our own good.

Mild, well controlled diabetes, particularly with adult onset can be easily underwritten, frequently even at standard rates. Unfortunately however, too often the complications of diabetes can result in medical problems of great severity that are extremely difficult, and all too often impossible to underwrite.



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A few of the many complications of diabetes include:

- **Amputation:** Elevated blood sugar can lead to nerve and blood vessel damage to the lower extremities causing poor circulation which in turn inhibits the body's ability to heal foot sores or other injuries. Left untreated, a minor foot injury can become a serious infection leading to gangrene which may necessitate amputation of a toe, or toes, sometimes the entire foot, or even a leg in severe cases.
- **Arteriosclerosis/Atherosclerosis:** Constricted blood vessels in the legs cannot carry adequate oxygen and nutrients to the cells in the lower extremities, especially if the diabetic is still smoking. This can lead not only to disease of the foot, but also to life threatening blood clots resulting in possible heart attacks or stroke.
- **Autonomic Neuropathy:** Involuntary body functions including, Heart Rate, Blood Pressure, Perspiration, and Digestion can be caused by nerve damage resulting in decreased or abnormal performance of one or more essential involuntary body functions.
- **Bone and Joint Problems:** Nerve damage, a common complication of diabetes primarily affects the feet, occasionally also the hands, or a shoulder, resulting in pain, limited motion, even difficulty standing or walking unaided.
Type 1 Diabetics are at increased risk for Osteoporosis due to lower than normal bone density. Type 2 Diabetics who are obese are at significantly increased risk for Osteoarthritis due more to the obesity than to the diabetes.
- **Peripheral Artery Disease:** Caused by constricted arteries no longer capable of carrying an adequate low of blood to the lower extremities. During exercise or walking leg pain is experienced.
- **Neuropathy:** Diabetes can cause nerve damage throughout the body, but most commonly is experienced in the lower extrem-

ities. Diabetic Neuropathy can be painful, debilitating, and even fatal.

- **Alzheimer's Disease and Dementia:** Diabetes increases the risk of both Alzheimer's and Dementia. Unfortunately, as the incidence of Diabetes escalates, more persons are likely to develop Alzheimer's and/or Dementia. This is thought to be caused by damage to blood vessels in the brain.
- **Diabetic Hyperosmolar Syndrome:** Sky high blood sugar levels draw tremendous amounts of fluid from the body. This can cause life threatening dehydration and even death.
- **Diabetic Ketoacidosis:** With inadequate Insulin, the body begins to break down fat for energy. In the process, toxic acids known as ketones are produced. Untreated Diabetic Ketoacidosis can cause unconsciousness and may be fatal.
- **Heart Attack and Stroke:** Damaged or constricted blood vessels, caused by diabetes can lead to blood clots. When a blood clot blocks the flow of blood to the heart, a heart attack may occur. When the blood clot interrupts the blood supply to the brain even briefly brain cells begin to die causing a potentially fatal stroke.
- **Heart Failure:** Coronary Artery Disease, contributed to by Diabetes gradually leave the heart too weak or stiff to pump an adequate supply of blood for the body's needs. This is a potentially fatal condition.
- **Kidney Failure:** When the kidneys lose their ability to filter excess fluids, electrolytes, and waste from the body, end-stage kidney disease occurs. This is inevitably fatal without dialysis.

In order to evaluate the diabetic's insurability you must ask the following important questions:

When Was The Diabetes First Diagnosed?

How old was the client when the diabetes was first diagnosed? How long has he had the Diabetes? How well controlled is it?

The younger the client was when first diagnosed with diabetes, the longer he has had the disease, the poorer the degree of control of blood sugar level, the more difficult the underwriting is going to be, and more costly insurance is likely to be, if available at all.

What Medications Are Currently Being Taken?

Diabetics may be Insulin Dependent, may be taking oral medications, or both. They may also be taking medication for high blood pressure, and/or hyperlipidemia (elevated cholesterol). Be sure to obtain the names and daily dosages of all medications being taken for any reason.

Is There Any History of Hypertension?

Many diabetics also have high blood pressure. If well controlled with medication, diet, and exercise this should not be a negative factor in underwriting. If poorly controlled however, high blood pressure in a diabetic can contribute to damage to the heart, kidney, and brain.

Is There Any History of Coronary or Heart Disease?

Diabetes doubles the risk of heart disease, which is the Number One cause of death for all diabetics, whether insulin dependent or not.

Is There Any History of Kidney Disease?

The Number Two cause of death for all diabetics is renal failure. A kidney damaged by diabetes begins to leak protein, therefore a diabetic who is spilling protein is likely to be declined or severely rated.

How Well is the Diabetes Being Controlled?

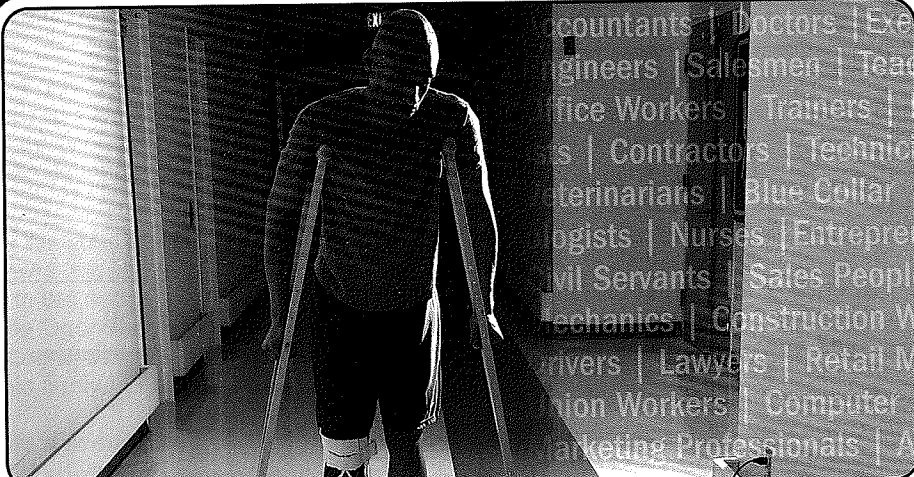
Has the Diabetes just recently been discovered? Has the Diabetic accepted that he is a Diabetic, and is he cooperating with the doctor in the control of his disease? Has the medication stabilized the blood sugar level adequately, or is the physician still adjusting the dosage?

If not yet well controlled, we strongly recommend that you postpone applying for insurance, at least until the physician has been able to stabilize the disease for several months. Underwriters do not look kindly upon uncontrolled diabetics.

Prognosis

In years to come, more and more Overweight, Sedentary Couch Potatoes are going to develop Diabetes, consequently they are going to experience dif-

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ficulty obtaining affordable insurance. Medical science has come a long way. With diabetes however prevention, sensible diet and exercise seem to be the best possible medicine. Well-controlled, adult onset diabet-

ics can usually be insured at reasonable, possibly standard rates. Unfortunately, juvenile diabetics are more difficult and therefore more costly to insure. Uncontrolled Diabetics will be usually postponed, if not declined. ♦