

Edema

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What is Edema?

Edema is a swelling from fluid accumulation in the spaces within the tissues known as interstitial spaces that are outside of the blood vessels.

Peripheral Edema, the most common form of edema occurs when the excess fluid accumulates in the legs and lower extremities.

Pulmonary Edema occurs in heart failure, with the excess fluid accumulating in the interstitial spaces (alveoli) in the lungs, causing shortness of breath due to the excess fluid in the lungs. Heart failure is commonly caused by weakness of the heart muscle, or by dysfunction of the heart valves, resulting in a diminished volume of blood pumped out by the heart to the body.

Cyclical Edema occurs quite often in women just prior to each menstrual period. It is only of concern if it does not subside naturally immediately thereafter.

What Causes Edema?

Edema is caused either by diseases that affect the various organs of the body such as the heart, liver, and kidneys, or by local conditions that affect just the extremities, including varicose veins and thrombophlebitis, causing venous insufficiency.

How Does Salt Intake Affect Edema?

A normal person can consume large quantities of salt with no ill effect because healthy kidneys have the ability to excrete large amounts of salt in the urine. If the flow of blood to the kidneys is decreased as occurs in heart failure, the kidneys react by retaining salt. This occurs because the kidneys believe that the body needs more fluid to compensate for the decreased blood flow. Disease damaged kidneys may also have a diminished ability to excrete salt causing edema.

Why Does a Patient with Heart Disease Develop Edema?

Heart failure reflects poor cardiac function, resulting in a decreased volume of blood that the diseased heart is capable of pumping out.

The decreased cardiac output may be caused by weakness of the heart muscle, or by dysfunction of one or more of the heart valves, resulting in less blood flowing to the kidneys. As a result of the decreased blood flow the kidneys retain additional salt and water. The kidneys are being fooled into retaining more fluid when, in fact the body is already retaining too much fluid.

Why Does a Patient with Liver Disease Develop Ascites and Edema?

Chronic liver disease often causes scarring of the liver (cirrhosis). A complication of cirrhosis is ascites, the accumulation of fluid in the abdominal (peritoneal) cavity. Ascites develops because of increased pressure in the veins that carry blood from the stomach, intestines, and spleen to the liver, and a low level of the protein albumin in the blood.

Peripheral edema also commonly occurs in cirrhosis.

Why Does a Patient with Kidney Disease Develop Edema?

Edema is commonly seen in patients with kidney disease as a result of loss of protein in the urine, or impaired kidney function. With impaired kidney function, the kidneys ability to excrete sodium into the urine is limited. The more advanced the kidney failure, the greater the problem of salt retention becomes.

What is Idiopathic Edema?

Idiopathic edema is an edema of unknown origin. It occurs most commonly in pre-menopausal women and is not indicative of heart, liver, or kidney disease. Diuretics are commonly prescribed to help in minimizing fluid retention. Unfortunately, dependence upon diuretics can contribute to potassium deficiency, kidney insufficiency, high blood pressure, diabetes, gout, tender enlarged breasts, and Pancreatitis.

How Does Venous Insufficiency Contribute to Edema?

The veins in the legs transport blood up to the torso, where it is then returned to the heart. The veins in the legs have valves to

prevent the blood from backing up. With varicose veins there is enlargement of the veins or dysfunction of the valves causing a backup of blood and increased pressure on the veins, resulting in edema of the legs and feet. Deep vein thrombophlebitis, a blood clot within an inflamed vein can block the return of blood, also causing edema in the legs and feet.

Edema is Not a Disease

By now you should be apparent to you that edema is not a disease, it is a symptom of an underlying disease or condition that in many cases may be very serious indeed.

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

Does the client currently smoke?

Smoking is a major risk factor and one that can have a major impact on life expectancy. The good news is that clients who smoke can be insured until the day that the cigarettes kill them.

Has the client any history of heart disease, heart attack, or heart failure, liver disease, or kidney disease?

Edema, though not a disease, is an indication of a possibly serious underlying condition that make it difficult, sometimes impossible to obtain insurance.

What medications is the client currently taking?

The medications and the dosages being taken are very important in determining the insurability of the client as well as helping to determine the sub-standard offer that may be possible.

Underwriting Prognosis

Clients with a history of Edema are usually insurable on some basis. Rarely are they likely to be Preferred, but rarely are they likely to be uninsurable.

Do your clients a favor, get into the habit of taking a detailed non-medical application, ask lots of questions; even where they are going to be examined for the proposed insurance. ♦