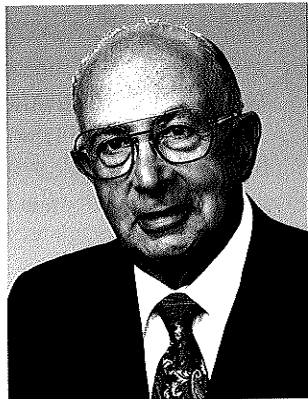


Petit Mal (Absence Seizure)

What is Petit Mal?

Petit Mal seizure occurs most often in children. It is caused by an abnormal electrical discharge in the brain.

Petit Mal usually involves only a brief, sudden lapse of conscious activity. Each seizure lasts only seconds or minutes, but hundreds may occur each day. During a petit mal seizure, facial muscles or hands frequently will experience small jerks. Normal activities can usually be resumed immediately after the seizure ends.



By Donald V. Victorson, CLU

Symptoms

A Petit Mal seizure is typically a brief, sudden loss of consciousness. There may not be any unusually movement, only one or more of the following:

- Vacant unintentional staring
- Fluttering eyelids
- Lip Smacking
- Chewing
- Hand movements

Petit Mal seizures usually last only a few seconds, with full recovery immediately thereafter. Later there is usually no confusion, but also no memory of the incident.

Causes

If the electrical discharges in the brain become abnormally synchronized a convulsion or seizure can occur. This abnormal activity can remain localized, or can spread rapidly, involving the entire brain.

Often the cause of Petit Mal is idiopathic (unknown), however some of the known causes include:

- **Metabolic Kidney or Liver disease** can upset the chemical balance in the body, as can very low levels of sodium, calcium, or magnesium.
- **Brain Trauma** Head injuries previously incurred can cause seizures.

- **Birth Defects** Congenital malformations in the brain may be the cause of seizures in infants and young children.
- **Family history** Petit Mal is in some cases an unfortunately inherited family trait.

Petit Mal seizures most often affect young people under the age of 20. Most children with Petit Mal who have no other neurological problems, and who are well controlled with medication will outgrow the disorder. Unfortunately however, in about half of children with Petit Mal seizures, the disease will progress to Grand Mal Epilepsy.

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

What type of seizure disorder does the client have?

Has the seizure disorder been definitively diagnosed as being PETIT MAL, with seizures lasting only a few seconds, and no loss of consciousness?

When was the client first diagnosed with a seizure disorder?

It is important to document at what age the client first experienced their first seizure.

When did the client have their most recent seizure?

The underwriting of seizure disorders is based upon the client's degree of clinical stability. How long between seizures? How severe? Was medical care required at the time of the seizure?

When was the last time the client was hospitalized for a seizure?

Seizures serious enough to require hospitalization are extremely significant to underwriting, and are likely to be indicative of a condition more serious than Petit Mal.

What medications is the client currently taking?

Common medications used to treat seizures include Tegretol, Zarontin, Lamictal, Dilantin, Depakote and phenobarbital. It is important to document all of the medications being taken and their dosages.

Is the client employed on a full time basis, or attending school on a regular basis, and does he drive an automobile?

Clients who cannot work, or who cannot obtain a driver's license would be extremely difficult to underwrite because of their limited functional ability. Those who are employed or functioning full time however, and have a valid driver's license can expect a favorable underwriting decision.

Underwriting Prognosis

Most people who experience Petit Mal seizures live a fairly normal life with few, if any restrictions on their activities.

Unfortunately, some experience complications that can include: Learning Disabilities, Injuries from falls, or from seizures occurring while driving or operating machinery, as well as the side effects of medications.

Needless to say, the underwriter is very much concerned that the seizures can progress from Petit Mal to Grand Mal Epilepsy, a much more severe condition.

If the seizure disorder has been definitively diagnosed as Petit Mal with only a few brief attacks, where the child has outgrown, or is thought likely to out-grow the condition, Standard may be possible.

Where the client has a well-documented history of being seizure-free for a number of years, even though continuing to take anti-seizure medication, mildly Sub-Standard to possibly Standard is likely.

Recent history of seizures without a proper diagnosis will almost always require the case to be postponed. ❖

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...He's Our Standard!



How do you know if your portly prospect will be a standard risk? Simply consult the "Standard Builds" chart below right. For example, Someone 6 feet tall, weighing 279 would be standard (providing there are no other impairments).

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Standard Builds (ages 15 & Up)			
Height	Maxl. Weight Male/Female	Height	Maxl. Weight Male/Female
4'8"	189	5'10"	264
4'9"	193	5'11"	271
4'10"	197	6'0"	279
4'11"	201	6'1"	287
5'0"	205	6'2"	295
5'1"	210	6'3"	303
5'2"	214	6'4"	311
5'3"	219	6'5"	319
5'4"	225	6'6"	326
5'5"	231	6'7"	334
5'6"	237	6'8"	342
5'7"	243	6'9"	350
5'8"	250	6'10"	358
5'9"	257	6'11"	369

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