

# RHEUMATOID ARTHRITIS



By Donald V. Victorson, CLU

Rheumatoid Arthritis (RA) is different from Osteo or “wear and tear” Arthritis because RA is an autoimmune disease that involves all the bodily “systems”. It is therefore called a “systemic disease”.

The body’s immune system for unknown reasons, begins manufacturing renegade T-cells that attack all of the body’s own tissue. It can affect the bones, joints, cartilage, tendons, muscles and

organs. Sufferers will display mild to severe flu like symptoms, including great fatigue, fever and weight loss, together with varying degrees of pain and inflammation of various body parts.

Treatment for Rheumatoid Arthritis and other forms of progressive arthritis usually involves an ever-increasing mix of more and more powerful medications.

Initially, pain relievers such as aspirin, ibuprofen, naprosyn, and others are used to reduce the discomfort and provide good short-term relief.

The next level of medication used is drugs designed to suppress the immune system in an attempt to reduce the number of self-attacking T-cells to alleviate the pain and inflammation. These include gold salts, plaquenil, chloroquine, enbrel, and arava. The side effects of these drugs are extremely serious and include mouth sores, eye damage, hair loss, diarrhea, nausea, liver and kidney damage, congestive heart failure, and even increased chance of infections and cancer.

Steroids are also used in the battle to control the pain and inflammation of rheumatoid arthritis. Again, steroids provide good temporary relief. Long-term use of steroids likewise carries the risk of serious side effects.

While rheumatoid arthritis primarily affects joints, problems involving other organs of the body are known to occur. Manifestations other than anemia (which is very common) are found in about 15–25% of individuals with rheumatoid arthritis. It can be difficult to determine whether disease manifestations are directly caused by the rheumatoid process itself, or from side effects of the med-

ications commonly used to treat it – for example, lung fibrosis from methotrexate or osteoporosis from corticosteroids.

The arthritis of joints is inflammation of the membrane that lines joints and tendon sheaths. Joints become swollen, tender and warm, and stiffness limits their movement. With time RA nearly always affects multiple joints, most commonly small joints of the hands, feet and cervical spine, but larger joints like the shoulder and knee can also be involved. It can lead to tethering of tissue with loss of movement and erosion of the joint surface causing deformity and loss of function.

Rheumatoid arthritis typically manifests itself with signs of inflammation. The affected joints are swollen, warm, painful and stiff, particularly early in the morning on waking or following prolonged inactivity. Increased stiffness early in the morning is often a prominent feature of the disease and typically lasts for more than an hour. Gentle movements may relieve symptoms in early stages of the disease. These signs help distinguish rheumatoid from non-inflammatory problems of the joints, often referred to as osteoarthritis or “wear-and-tear” arthritis. In arthritis of non-inflammatory causes, signs of inflammation and early morning stiffness are less prominent with stiffness typically less than 1 hour, and movements induce pain caused by mechanical arthritis.

As the disease progresses the inflammation leads to tendon tethering and erosion and destruction of the joint surface, which impairs range of movement and leads to deformity. The fingers may suffer from almost any deformity depending on which joints are most involved.

Rheumatoid Arthritis, as you can begin to understand, is a very nasty disease process for which medical science has no known cure.

**In order to evaluate the insurability of someone with rheumatoid arthritis you need to ask the following important questions:**

- When Was The Client Diagnosed With Rheumatoid Arthritis?
- Rheumatoid Arthritis is a chronic autoimmune disease, characterized by acute attacks (called “flares”) and periods of remission. The longer the client has had rheumatoid arthritis however, the greater are the chances of serious underwriting problems from either the disease itself,

or the side effects of the medications being used to treat it.

- What medications is the client currently taking?
- It is important to obtain an accurate list of all medications currently being taken, or that have been taken in the recent past, with dosages.

Remember: Medications used to treat Rheumatoid Arthritis can range from Aspirin to powerful Immune System Suppressants. In many cases, the side effects of the medication can be more destructive than the disease itself.

#### To What Extent is the Client Disabled From the Rheumatoid Arthritis?

It is important to accurately assess and describe to the underwriter the impact of the rheumatoid arthritis on the client's functional ability. His ability to enjoy a normal lifestyle and to independently perform the activities of daily living, with the use of minimal medications. Some, of course are severely disabled even with the use of the strongest medications.

#### Has the Rheumatoid Arthritis Affected Any Other Systems of the Body in Addition to the Joints?

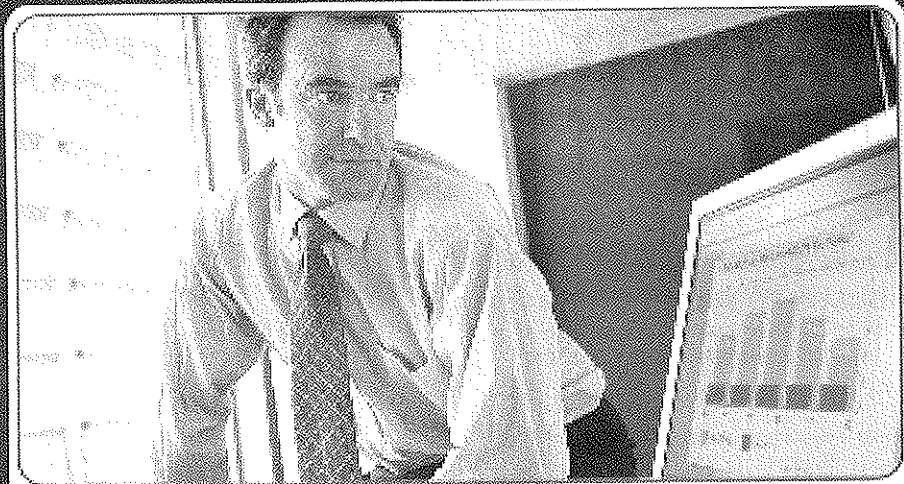
Severe involvement of other systems of the body, such as the heart, lungs, and blood vessels, in addition to the joints is extremely likely to render the client uninsurable for insurance purposes. ❖

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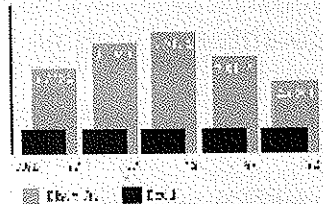
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\*Correspondent's Individual Disability Table A

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