

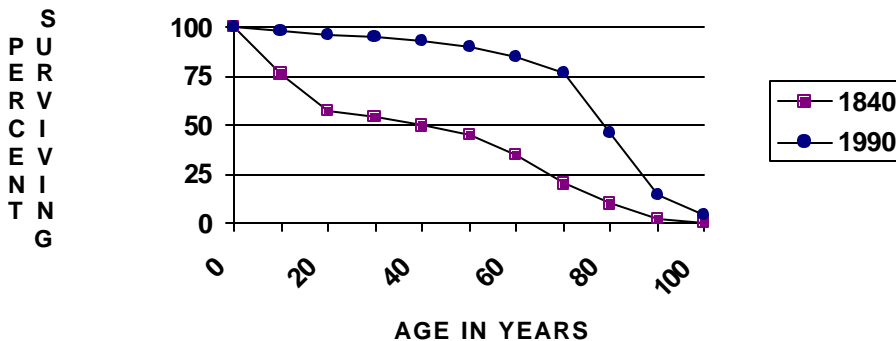


Older Age Underwriting: Frisky vs. Frail



What is “old” or elderly”? For our purposes, “Old” is defined as 76-80, “Older Old” as 81-85 and “Oldest Old” as 85-90. The population over age 85 is rapidly growing in the United States.

For the past 2 decades, the mortality rate among the elderly has been declining, largely due to reduced mortality from cardiovascular disease and stroke. As life expectancy of the general population improves, the survival curve “squares”.



The speed of the aging process is variable. Some individuals remain exceptionally fit beyond age 90, while others become frail and fragile early. The frail group shows a higher mortality compared to the robust group. Those with successful aging have robust health and fully independent physically and cognitively. Frailty can be defined as having decreased reserves and less resilience to stressors as a result of decline in multiple body systems. Frailty can lead to falls, functional decline, and mortality. Frailty often requires dependency on others.

The leading causes of death in those 80+ years old are:

1. Heart Disease
2. Cancer
3. Cerebrovascular Disease
4. Pneumonia and Influenza
5. Chronic Obstructive Disease

Other significant medical impairments in the elderly include diabetes, depression, dementia, kidney disease, alcohol abuse and injury from accidents or falls.

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When assessing the elderly in underwriting, it is important to note the usual chronic diseases (e.g., cardiovascular disease, COPD and cancer). But because of its strong impact on prognosis, it is also important to assess frailty. Key features of frailty are social isolation, dependency in managing life activities and self-care, cognitive decline, shrinking of bone and muscle mass, and slow weight loss.

Starting with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), the underwriter considers many physical, psychosocial, and functional factors for the older applicant (>75yr old). See the lists below.

Activities of daily living

- Ambulation
- Bathing
- Continence bowel and bladder
- Dressing
- Eating
- Toileting
- Transferring

Instrumental ADLs

- Using phone
- Shopping
- Preparing meals
- Laundry
- Housekeeping
- Taking meds right
- Managing money
- Traveling

Factors Considered in Older Age Risk Assessment

General

ADLs and IADLs (see above)
AP's impression of general health
Alcohol and smoking habits
Sedative and narcotic use
Bladder and bowel function
Family history of longevity
Preventive care and cancer screening: immunizations, PSAs, mammograms, colonoscopies, etc
Number of prescriptions drugs
Compliance
Driving ability
Falling and ability to rise
Pain
Pets
Self-assessment of health
Social interaction vs social isolation
Social support system
Being a caregiver to sick relative
Elder abuse
Socioeconomic and educational levels
Sexual well-being
Hospitalization in past year
Weight, including unexplained loss
Swallowing ability and dentition

Orthopedic

Gait, balance, flexibility, mobility (both upper and lower extremities)
Muscle mass (sarcopenia)
Osteoporosis
Osteoarthritis

Psychoneural

Memory quality
Mood, good humor, positive attitude
Neuropathy

Sensory

Hearing loss
Visual loss
Loss of taste or smell

Laboratory

Albumin
Hemoglobin
Creatinine
Sed rate
PFTs

Cardiovascular

Systolic hypertension and pulse pressure
Exercise tolerance
Tachycardia at rest
Orthostatic hypotension

The underwriter will consider all the above factors in their assessment. Major concerns as isolated findings are unexplained weight loss of 10% of body weight, falls with injury, cognitive impairments and/or evidence of declining health.

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