

## THE CASE

## STUDY FOR

## THIS MONTH

By Robert Quinn, MD



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Meet Bill Easton, member of the impaired risk team. Bill has over 15 years experience in brokerage impaired risk underwriting most recently from Phoenix Home Life Mutual. Be sure to give Bill a call on your next tough case.



## Underwriting Hypertension

A 60-year-old man is applying for \$600,000 of OPTerm life insurance. He has a long history of difficult blood pressure (BP) and takes medication erratically. He has no symptoms. Exam BP was 160/102; EKG and laboratory tests were normal.

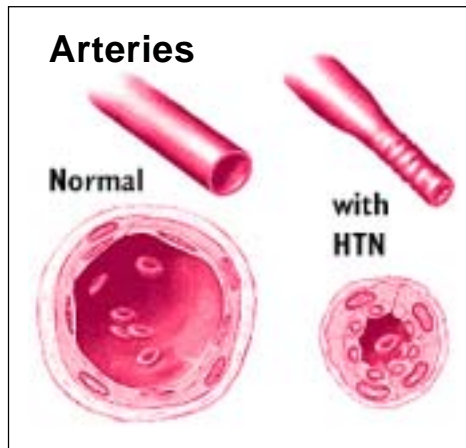
High blood pressure is also known as hypertension (HTN) and is a major health problem. It affects twenty-five percent of all adults, but sixty percent of those over age 60. If it is untreated it can lead to a life span shortened by 10 to 20 years. So it is a frequently encountered condition and a concern in underwriting life insurance.

The sources of mortality associated with HTN are from heart attacks, strokes, heart failure and kidney deterioration. In HTN the arteries constrict (see diagram); this causes the heart to generate higher pressure in order to produce adequate blood flow. The heart can enlarge over time and its function can deteriorate as it enlarges. This leads to heart failure. The kidneys are sensitive to the high pressure and can also lose their function and fail. Ten percent of deaths from HTN result from kidney failure.

The HTN is not only a burden on the heart and kidneys but also on the arteries. The HTN injures the arteries and causes them to harden and close, leading to heart attacks and strokes. Hypertension is a major coronary artery risk (as are diabetes, smoking or high cholesterol), which greatly magnifies the overall mortality risk when it exists together with any of these other coronary risk factors.

Since HTN usually has no symptoms, it is quite easy for a person to miss taking the medication. This often leads to erratic control as in the case

study. It has been estimated that fifty percent of people do not take their medications regularly for HTN. Normal BP should be kept below 140/90. But when there is another problem such as diabetes, it must be kept below 130/80. The risk rises progressively with increasing BP and both numbers, the systolic (160 in the case study) and diastolic BP (102 in the case study) are equally important. They must be kept at normal levels for the best mortality risk.



White coat syndrome is high BP that goes up due to an exam. Twenty percent of the time when the BP goes up, it is due to this. Yet BP can rise at any time and stay up. So, for the underwriter, the task is to discover if the high BP is now HTN. This re-quires repeated recording in a familiar setting.

Ninety percent of the time there is no known cause of HTN; and treatment is designed for the symptom, control of the BP. But it is the symptom, not the cause that leads to mortality. There is no cure now but with the future advances in medicine there may be a cure for HTN. For the time being, treatment must be ongoing, but mortality can be quite good when this is effective.

In the case study, the most likely assessment would be table two on a base of standard plus. This equates to a lifespan that is three years shorter on average, i.e. a life expectancy of 83 years. In this case had there been no history of HTN, the only way to know if this is possibly white coat syndrome is with further BP recordings.

A well-controlled and stable BP recording reflects good compliance with treatments and can qualify for the best class.

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