

THE CASE

STUDY FOR

THIS MONTH

By Robert Quinn, MD



Dr. Robert Quinn
VP and Medical Director



Jim Landino
SVP, Underwriting

Meet Jim Landino, senior vice president of underwriting. Jim has 33 years of underwriting experience, primarily in the impaired risk area. Jim came to Banner in 1995 to establish the brokerage underwriting department.



Underwriting Sleep Apnea

A 42-year-old man is looking for \$600,000 of OP Term life insurance. He has hypertension that is controlled with medication and severe sleep apnea that has been controlled by CPAP for five years. At exam, his BP was 124/78 and the lab tests were normal.

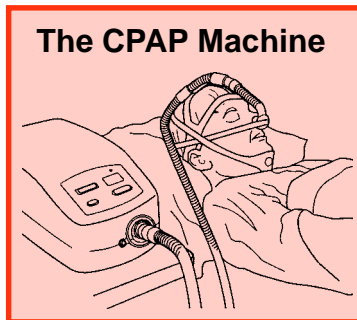
Sleep Apnea (SA) occurs in four percent of the population and is a common problem for underwriting. It is the cessation of breathing during sleep that recurs several times a night. After breathing stops, oxygen drops in the blood, organs become deprived and finally a smothering sensation awakens the person. In the awakened state, the person can overcome the apnea and start breathing again.

The SA occurs in the deepest and most restful stage of sleep. The arousals deprive the person of the most refreshing qualities of sleep. A state of sleep deprivation exists. As a result of the disturbance of sleep, the afflicted person is drowsy during the daytime, can fall asleep during meetings, as well as have memory, personality and mental changes. Besides the quality of life being diminished, accidents are more common.

When organs become deprived of oxygen, arteries constrict causing high blood pressure and the heart can develop serious arrhythmias or fail. Heart attacks and strokes can occur which often lead to sudden death. Generally, blood pressure tends to stay high even during the daytime. Heart attacks are the main cause of SA-related deaths, causing many experts to call SA a major coronary risk factor.

Often the first clue that SA exists is heavy snoring and high blood pressure (hypertension). Most of the time, up to ninety percent of the time, people with SA have hypertension. Of course, we know that snoring is not always due to SA. When other symptoms exist with snoring, it may be necessary to pursue the diagnosis of SA.

Once SA is suspected, the primary testing method is a sleep study. This study is done overnight in a sleep laboratory where multiple measurements are made: the depth of sleep, the oxygen level in the blood, the electrical activity of the heart (measured by an electrocardiogram), movement of the breathing muscles, and airflow. Severity is measured by how often and how long a person stops breathing and how far the oxygen level drops. Generally, if a person stops over 30 times an hour, stops for more than 30 seconds or oxygen drops below sixty percent of the normal level, then the person is considered to have severe SA.



The CPAP Machine

For some people, SA can be cured by eliminating alcohol intake, (since alcohol can affect the muscles of respiration), losing weight (since obesity increases the difficulty of moving air), or having surgery (since the operation can make a bigger air passage). In all cases of SA, the CPAP breathing machine, which forces air into the lungs, does provide relief and reduces the risks if it can be used. See the illustration for a graphic view of why the CPAP machine is not always tolerated. The trouble is that less than half of the people treated this way will continue to use CPAP and once they stop using CPAP, the risk returns immediately.

The offer that can be expected from the case study is standard. The long and continued use of the CPAP machine is good evidence that this person not only can use CPAP, but also has modified his lifestyle. Portable CPAP machines are available for travel reducing the affect of SA on the person's habits. If he had only used the machine for two years, Table 2 would be the rating because of the risk of CPAP discontinuance and the consequences of SA returning. Banner's strength in underwriting SA is when sleep apnea is suspected. The proposed insureds can be standard class right away if there are no symptoms causing concern, even though no sleep study has been performed.

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