

Underwriting Kidney Disease

THE CASE

STUDY FOR

THIS MONTH

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Case study: A 65-year-old man is looking for \$750,000 of term life insurance. He has a three-year history of abnormal kidney tests. On the exam everything was normal, and he qualifies for preferred plus, except the blood urea nitrogen (BUN) count was 28 (up to 25 is normal) and the creatinine count was 1.7 (up to 1.5 is normal) on the blood profile. This was similar to the APS, which attributed the abnormalities to arthritic medication no longer being taken.

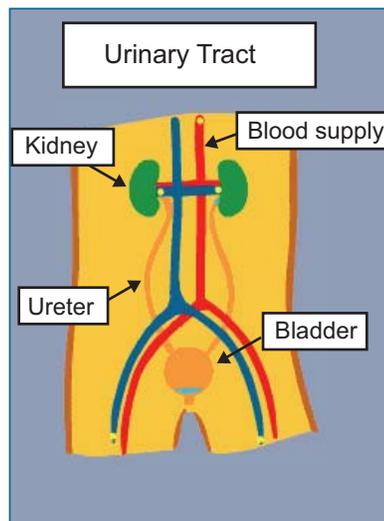
The kidneys are vital organs responsible for removing bodily waste products, excess water, excess salt, and acid from the blood. (For the view of the anatomy of the urinary tract see illustration.) The kidneys also control the blood pressure and blood count, which prevents anemia. Multiple diseases can damage the kidneys. These diseases, or suspicion of these diseases, are often encountered in underwriting.

The bodily waste products removed from the blood by the kidneys are urea, called blood urea nitrogen (BUN), and creatinine. When these two substances rise in the blood, as in the case study, it is a sign of kidney malfunction. This malfunction is called renal (kidney) insufficiency or failure.

Conditions that can affect the kidney are high blood pressure, infections, antibody reactions (such as lupus), diabetes, inflammation (glomerulonephritis), and many other diseases. Some medications can also damage the kidneys, such as arthritic medication, as in the case study. All these matters can lead to renal failure. When the degree of failure reaches a certain level of severity, dialysis becomes necessary to remove those accumulating wastes, water and salt from the body. Dialysis poses a high mortality risk and 10 percent of people on dialysis die each year. Kidney transplant is the objective for those on dialysis and even that poses a separate mortality risk.

Urine is the product of the kidneys and contains those wastes normally eliminated by the kidneys. When protein appears in the urine it is often the first sign that the kidneys may be damaged. The blood tests for BUN and creatinine remain normal at first but later they too can become abnormal. This is frequently the case in diabetes, which can lead to renal failure.

When white blood cells appear in excessive amounts in the urine it can be a sign of infection of the kidneys. Repeated or persistent infection can also damage the kidneys, which can lead to renal failure.



Red blood cells (RBCs) in the urine can be a sign of inflammation (nephritis) or tumors. This is regarded cautiously by the underwriter. Of course benign causes, such as kidney stones, can produce RBCs as well.

In the case study, the most likely offer would be Table 4 on standard plus. Even though the arthritic medication has been discontinued, there is permanent damage that can be a problem later in life. As a person ages the kidney function

can worsen simply from the aging process. Renal failure and its consequences can be the ultimate outcome, thus the rationale for the rating.



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