



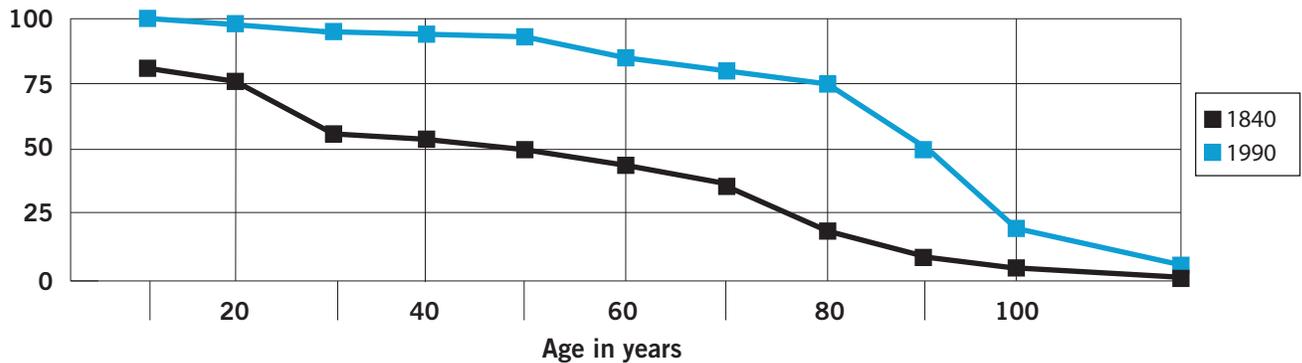
Rx FOR SUCCESS

Older Age Underwriting: Frisky vs. Frail

What is “old” or “elderly”? For our purposes, “old” is defined as 71-80, “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 two 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.”

Surviving Percent



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 are 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 (>71yr. old). See the lists below.

ACTIVITIES OF DAILY LIVING		INSTRUMENTAL ADLs	
<input type="checkbox"/> Ambulation	<input type="checkbox"/> Dressing	<input type="checkbox"/> Using phone	<input type="checkbox"/> Housekeeping
<input type="checkbox"/> Bathing	<input type="checkbox"/> Eating	<input type="checkbox"/> Shopping	<input type="checkbox"/> Taking meds right
<input type="checkbox"/> Continence (bowel and bladder)	<input type="checkbox"/> Toileting	<input type="checkbox"/> Preparing meals	<input type="checkbox"/> Managing money
	<input type="checkbox"/> Transferring	<input type="checkbox"/> Laundry	<input type="checkbox"/> 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 prescription drugs
 Compliance with physician recommendations
 Driving ability
 Falling and ability to rise
 Pain
 Pets (owning and caring for)
 Self-assessment of health
 Social interaction vs social isolation
 Social support system
 Being a caregiver to sick relative
 Elder abuse
 Socioeconomic and educational levels
 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