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.”

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.
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.

<table>
<thead>
<tr>
<th>ACTIVITIES OF DAILY LIVING</th>
<th>INSTRUMENTAL ADLS</th>
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<tbody>
<tr>
<td>□ Ambulation</td>
<td>□ Dressing</td>
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<tr>
<td>□ Bathing</td>
<td>□ Eating</td>
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<tr>
<td>□ Continence (bowel and bladder)</td>
<td>□ Toileting</td>
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<td></td>
<td>□ Transferring</td>
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<td>□ Using phone</td>
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<td>□ Housekeeping</td>
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<td>□ Shopping</td>
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<td>□ Taking meds right</td>
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<td>□ Preparing meals</td>
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<td>□ Managing money</td>
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<td>□ Laundry</td>
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<td>□ Traveling</td>
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</tbody>
</table>

### 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