



## Guide to common **medical conditions**



Helping you understand our underwriting approach to the most commonly disclosed medical conditions...

■ **Asthma**

■ **Back disorders**

■ **Cancer**

■ **Diabetes**

■ **Family medical history**

■ **Gout**

■ **Hypertension**

■ **Kidney stones**

■ **Mental health**

■ **Obesity**

■ **Sleep Apnoea**

We are committed to providing you with direct access to your underwriting team...

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# Asthma

Asthma is a chronic disease that affects a person's airways. The airways are the tubes that carry air in and out of your lungs. If asthma is present, the inside walls of the airways are inflamed. The inflammation makes the airways very sensitive, and when the airways react, they get narrower and less air flows through to the lung tissue. Additional mucus is also created. This causes symptoms such as wheezing, coughing, chest tightness and trouble breathing, especially at night and in early morning.

## Important facts

- In Australia in 2001, there were approximately 2.2 million people with asthma (11% of males and 13% of females). Asthma affects 10-12% of adults (approximately 1 in 10).
- Since 1989 the death rate has decreased markedly, but the rate of asthma deaths in Australia is still high in comparison to other countries.
- Asthma is one of the most common reasons for visiting a doctor, being the 7th most frequently managed problem by general practitioners in 2002-2003.
- In 2001, 18% of people with asthma reported having days of reduced activity compared with only 10% of people without asthma.
- Approximately one-third to one-half of adults with asthma have moderate or severe disease.
- Disturbed sleep is a common problem among both adults and children with asthma.
- People with asthma rate their health lower and have worse health-related quality of life than people without asthma.

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## Underwriting approach

The underwriter assesses an applicant looking for signs that their asthma is well controlled. These signs include (but are not limited to):

- Regular use of preventative medication.
- No recent history of treatment with oral steroids or hospitalisation.
- Applicant is a non-smoker.
- Asthma is not exacerbated by the applicant's occupation.
- Applicant checks his/her peak flow with a favourable result.

A well controlled asthmatic, with no adverse risk factors, will generally be accepted at standard rates. It is imperative that the asthma questionnaire is completed in all situations, and in some cases, it may be necessary for the underwriter to request further medical evidence to support the application.

### *References:*

*Asthma in Australia: A Snapshot, 2001, Australian Bureau of Statistics*

*Key Points, Asthma in Australia 2005, Australian Institute of Health and Welfare*

*Asthma – The Figures. Asthma Foundation of Victoria*



# Back disorders

The back is prone to a range of problems, most of them caused by poor muscle tone, obesity and lack of regular exercise. The most common back problems include general backache, soft tissue injuries, disc problems, sciatica, structural problems, and those caused by fracture and disease, such as arthritis, cancer and osteoarthritis.

The spine is made up of 32 bones called vertebrae that are stacked together to form a loose 'S' shape. The cervical spine, located in the neck, comprises the top 7 vertebrae. Twelve vertebrae make up the thoracic spine (the ribcage area) and 5 vertebrae comprise the lumbar region (lower back). Finally, the remaining bones make up the sacrum (which 'joins' the spine to the pelvis) and the coccyx (tail bone).

## Important facts

- In 2001, 21% of the Australian population reported having back pain as a long-term condition.
- The most common long-term condition related to work and caused by an injury received while at work were back problems.
- In 1999-2000, back injuries accounted for 25% of claims for non-fatal compensated injuries which resulted in at least 10 days off work, making the back the most commonly injured part of the body.
- Second only to arthritis, chronic non-specific back pain is Australia's most debilitating illness. It accounts for the greatest number of days lost from work.

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## Underwriting approach

When assessing an applicant who has a history of a back disorder, the underwriter is considering the risk of morbidity or disablement, rather than death or mortality. They will consider the client's occupation, the cause and diagnosis, severity and occurrence of symptoms, results of any relevant investigations, treatment and the length of any time taken off work.

Often difficult to assess is the applicant that states that they do not have a back condition, however, they continue to receive chiropractic or physiotherapy treatment/maintenance. These situations are assessed on an individual basis with the underwriter considering the cause, reason for and the length of time since the initial condition that precipitated the consultations to start with.

The client's occupation, coupled with severity and occurrence of symptoms, will dictate whether an exclusion or an extended waiting period can apply to disability policies.

Where an injury to one section of the spine, or surrounding area has occurred, eg disc prolapse or a localised sprain, it is possible to exclude only the injured area. Diseases of the spine are usually degenerative and may spread to other areas. Where such a disease exists a full spine exclusion may apply. Usually the underwriter will not be able to review this type of exclusion.

### *References:*

*Betterhealth.vic.gov.au – backpain*

*ABS National Health Survey 2001, Injuries*

*ABS Australian Social Trends 2002, Health Risk Factors, work related injuries*

*ABS Musculoskeletal conditions in Australia, A snapshot 2001*

*Abc.net.au, Life Matters, Back pain management*



# Cancer

Cancer is defined as any malignant growth or tumour caused by abnormal and uncontrolled cell division; it may spread to other parts of the body through the lymphatic system or the blood stream.

Tumours can be benign (not cancer) or malignant (cancer). Benign tumours do not spread outside their normal boundary to other parts of the body. A malignant tumour is made up of cancer cells. When it first develops, this malignant tumour may be confined to its original site. This is known as a cancer in situ (carcinoma in situ). If these cells are not treated, they may spread beyond their normal boundaries and into surrounding tissues, becoming invasive cancer.

## Important facts

- 1 in 3 men and 1 in 4 women will be affected by cancer before the age of 75.
- Cancer is the leading cause of death in Australia.
- Over the past 10 years, cancer rates have levelled off for men, but increased by 7% for women.
- The increase in prevalence is attributable to lung cancer in women, breast cancer, melanoma, prostate cancer and mesothelioma.
- Prostate cancer is the most common cancer in Australian men.
- For females, breast cancer is the most common for all ages from 35 and also the leading cause of cancer death.
- 1 in 11 women in Australia will develop breast cancer by the age of 75.
- About 1 in 100 women will develop ovarian cancer at some time during their life.
- Bowel cancer is the second most common cancer in both sexes combined.

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### *Important facts continued*

- Around 8,300 Australians are diagnosed with lung cancer each year.
- Around 11,200 Australian men are diagnosed with prostate cancer each year.
- A family history of melanoma, breast, bowel, ovarian or stomach cancer may increase a person's risk of developing cancer themselves.
- Effects and complications associated with radiotherapy and chemotherapy often occur years or decades after treatment has ceased.

## Underwriting approach

Any history of cancer will be assessed carefully by the underwriter, with the assistance of pathology and specialist reports.

The underwriting assessment will depend on the type and staging of the cancer, the period of remission and also the extent and type of treatment. The underwriter will also need to see that the appropriate follow-ups have occurred.

Discussing your client's case with the underwriter prior to lodging the application will enable you to determine what medical evidence will be required.

#### *Reference:*

*The Cancer Institute of NSW*










# Diabetes

A person's blood sugar levels are regulated with the help of insulin, a hormone produced by the pancreas. Diabetes occurs when the body does not produce enough insulin, is resistant to insulin, or both, resulting in high levels of sugar in the blood. The most common types of diabetes are type 1 (insulin dependent), type 2 (usually non-insulin dependent) and gestational (occurs during pregnancy).

## Important facts

- Diabetes is the 7th leading cause of death in Australia.
- 65-80% of people with diabetes will die of coronary heart disease.
- Diabetes is the most common cause of blindness in people under the age of 60.
- 15% of people with diabetes have heart disease compared to 2.5% without diabetes.
- Diabetes is the leading cause of kidney failure.
- 5% of people with diabetes will experience foot ulcers.
- The following are high risk categories for developing Type 2 diabetes:
  - Over 45 years of age and have high blood pressure.
  - Over 45 years of age and overweight.
  - Over 45 years of age and one or more members of the family have/had diabetes.
  - Over 55 years of age.
  - Have/had high blood sugar levels during pregnancy (gestational diabetes).
  - Have recorded a borderline blood glucose level.

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## Underwriting approach

The long-term complications of diabetes are a major concern for the underwriter, in particular when assessing applicants for living benefits, ie Income Protection and Trauma insurance.

When assessing an applicant with diabetes, the underwriter will consider the following factors to create a holistic risk profile of the applicant:

- The type of diabetes they were diagnosed with.
- At what age the applicant was diagnosed.
- The type of treatment and how well controlled the diabetes is.
- Compliance with treatment.
- The applicant's build, blood pressure, cholesterol and smoking status.
- Whether there are any other complications that may be associated with diabetes.

Terms for insurance will vary considerably depending on the type of insurance applied for and the risk profile of the applicant. The underwriter will initially ask for a report from the applicant's treating doctor and in some cases a current medical examination and blood tests will also be required.

*Reference:*

*Diabetes facts – Diabetes Australia*



# Family medical history

Family medical history has been established as a well proven risk factor in a wide range of clinical studies and has been used by underwriters for many years. Underwriters will generally only request family medical history about first degree relatives, but may on occasions seek a wider history where this may assist the assessment of the risk.

Family medical history is used to identify potential medical and lifestyle risks, on the basis of the probability that the applicant may be susceptible to certain familial or hereditary risks, which may be passed on from one generation to another.

## Important facts

- About 1 person in 10 whose ancestry is Northern European or from the UK is thought to be a carrier of the gene for hereditary haemochromatosis
- About 50% of the Australasian population will, during their lifetime, be adversely affected by a condition with a genetic basis.
- In the first 25 years of life about 5% of the Australasian population will be affected by an illness, impairment or disability either wholly or partly due to their inherited information.
- Family members share a certain percentage of genes in common, depending on their relationship, eg first degree relatives will have 50% of genes in common, second degree relative, will have 25% of genes in common and third degree relative, will have 12.5% of genes in common.

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## Underwriting approach

Family medical history is only one of many factors used to assess an application for insurance. It is used in conjunction with an applicant's current and past medical history and other factors such as their own environment and lifestyle. The following are important factors considered by the underwriter when assessing family medical history:

- The age of the applicant.
- The type of product applied for.
- The number of first degree genetic relatives affected by the medical condition and their age at diagnosis.
- The type of condition and its degree of inheritability, eg a person with a first degree relative with an autosomal dominant disorder, has a 50% chance of inheriting the gene mutation.
- The applicant's past and current medical history and whether there are any associated risk factors, eg an applicant with a family medical history of diabetes and a personal medical history of either hypertension, obesity or hyperlipidaemia.

### *References:*

*IFSA Family Medical History Policy, Background Paper, 2005*

*The Centre for Genetics Education, Fact Sheet 4, Genetic Conditions*

*The Centre for Genetics Education, Fact Sheet 1, Genes and Chromosomes*

*The Centre for Genetics Education, Fact Sheet 36, Haemochromatosis*



# Gout

Gout is one of the most common forms of arthritis or inflammation of a joint. It most commonly affects the big toe joint (first metatarsophalangeal joint), but can affect any joint. Gout usually starts as an acute attack that often comes on overnight. Within 12-24 hours there is usually severe pain and swelling in the joint.

Gout is caused by a build-up of a waste product, uric acid, in the bloodstream.

Uric acid is one of the body's waste products, and some people have naturally high levels of uric acid. Normally it is dissolved in the bloodstream, filtered out by the kidneys and excreted in urine. However, a build-up of uric acid may settle in the joints in the form of crystals, causing inflammation and pain.

## Important facts

- Around 70,000 Australians have this form of arthritis.
- Most people with gout are male and the average age for the first attack is somewhere between 40 and 50 years.
- Uric acid can also lodge in surrounding tissue or, in some cases, form stones in the kidney or bladder.
- Chronic gout may progress to a point where tophi develop in the ears, around joints and in bursae. Tophi occur when the sodium urate levels in the blood become so high that sodium urate is deposited in the tissues and produce an inflammatory foreign body.
- Complications as a result of gout include renal failure, kidney stones, hypertension and chronic gouty arthritis.

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## Underwriting approach

A history of acute gout, without any additional risk factors, is looked upon favourably by the underwriter, and cover is usually accepted without any restriction or loading. More frequent, or ongoing symptoms will require additional medical evidence, and the underwriter will look at the client's risk profile and the cause of the gout, noting the following:

- The applicant's build.
- Severity of the condition and frequency of attacks.
- Any associated joint deformities.
- History of medications taken, as some of the drugs used to treat high blood pressure can precipitate a gouty attack.

*References:*

*ePodiatry.com*

*Department of Podiatry, Curtin University*

*www.betterhealth.vic.gov.au, Fact Sheet – Gout*



# Hypertension

Hypertension, also known as ‘high blood pressure’, is the pressure of the blood in the arteries as the heart pumps it around the body. Blood pressure does not stay the same all the time – it changes to meet the body’s needs. If the blood pressure remains high it can cause serious problems, such as a heart attack, stroke, heart failure or kidney disease.

When blood pressure is measured, it provides two readings. The larger reading is the systolic reading which measures the heart when it squeezes out the blood during a beat, and the smaller reading is called a diastolic reading, which measures the heart at rest.

## Important facts

- High blood pressure is a major risk factor for stroke, heart disease, heart failure, peripheral vascular disease and renal failure.
- High blood pressure is more likely to develop in those who are overweight, physically inactive, or have a high dietary salt intake.
- High blood pressure is the most frequently managed problem in general practice in Australia.
- The prevalence of high blood pressure in Australia is approximately 28.6 for every 100 people. Of that 15.2 per 100 are untreated.

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## Underwriting approach

For applicants with a history of hypertension, the underwriter will generally obtain a report from their treating doctor and/or a Lifescreen Express Check (refer to Explanation of Medical Requirements on page 12 of the Underwriting Guide for details), to check the current blood pressure readings and any other risk factors that may exist, such as build.

The ratings will vary, but there will be situations where standard rates may be offered, if the following criteria are met:

- Diagnosis more than 6 months ago.
- The condition has been fully investigated.
- The underlying cause is not of a serious nature (eg renal problems).
- The applicant is compliant with treatment, and all readings since the introduction of treatment have been normal.
- Client is not overweight, and does not have a history of raised cholesterol.
- There are no additional cardiac risk factors.

*Reference:*

*Heart Foundation of Australia – Blood pressure facts*





# Kidney stones

A key function of the kidneys is to filter and separate substances (chemicals) from the blood, which are then excreted as waste in the urine. If, however, certain chemical substances build up in the kidney, a stone is formed.




The size of kidney stones can vary from being as tiny as a grain of sand, or as large as a golf ball. They may be smooth or jagged and are usually yellow or brown.

Kidney stones can cause a blockage in the flow of urine, which can damage, and can sometimes cause failure of the kidney. Kidney stones also increase the chance of urinary and kidney infection that can result in septicaemia if spread into the blood stream.

## Important facts:

- Kidney stones are the most common problems of the urinary tract.
- Kidney stones are responsible for more than 20,000 hospital admissions each year in Australia.
- About 4-8% of Australians will suffer from kidney stones.
- The lifetime risk of developing kidney stones is 1 in 10 for men, and 1 in 35 for women.
- After one episode, the chance of recurrence is 5-10% each year.
- About 30-50% of people with a first kidney stone will get a second one within 5 years.

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## Underwriting approach

The underwriter will look at the number of episodes that the applicant has suffered, whether or not the kidney stone(s) have been passed or whether they are still present. They will also ascertain whether there is an underlying cause, consider results of investigations and any complications as a result of the condition.

If the applicant presents a favourable profile, standard rates may be offered, depending on the type of cover applied for, and the duration since the last symptoms.

However, if the episodes are frequent, stones are present, or there are residual complications, the underwriter will assess according to the individual circumstances of the applicant.

### *References:*

*Fact Sheet, Kidney Stones , Kidney Health Australia*

*Kidney Stones, The kidney and disease of the kidney, Dept of Renal Medicine, Royal North Shore Hospital*



# Mental health

Mental health problems can cause and are associated with a wide range of symptoms, both physical and psychological. They present themselves with varying degrees of severity and disability. Where many people will make a full and complete recovery, others will experience prolonged periods of incapacity.

A mental illness is a disorder that is often diagnosed with the presence of certain symptoms over a specific period of time. There are many different types of mental illness; they include depression, anxiety, bipolar and schizophrenia.

## Important facts

- Up to 1 in 4 females and 1 in 6 males will experience depression in their lifetime.
- Depression is the leading cause of suicide.
- Depression is often not recognised or treated.
- Anxiety disorders are the most common of all mental disorders.
- Of all disability costs in Australia, 27% are due to mental health problems.
- In 15-34-year-olds, 60% of disability costs are due to mental health problems.
- Each year more Australians die by suicide than on our roads.
- Depression accounts for 6 million full work days lost each year.
- Depression is now the most disabling illness in our community.
- Approximately 21.9% of industry\* Income Protection claim payments for 2005 were for mental disorders.
- Approximately 19.6% of industry\* Total and Permanent Disablement claim payments for 2005 were for mental disorders.

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## Underwriting approach

The underwriting of mental health conditions presents many challenges to the underwriter, particularly when assessing disability benefits such as Income Protection and Total and Permanent Disablement. As each case is different and adequate medical information is often difficult to obtain, underwriting decisions will always differ from case to case. We will always offer terms where possible, considering alternative terms when the risk is not considered a standard risk. The underwriter's ability to consider terms will largely be reliant on the amount and quality of information provided within the personal statement and therefore it is crucial a fully documented history is always provided.

The underwriter considers the following factors when assessing an applicant who presents with a history of a mental health condition:

- Diagnosis of the condition including criteria used.
- The cause of the condition if known.
- Time since condition diagnosed and treatment provided.
- Responsiveness and compliance with treatment and any ongoing signs or symptoms or adverse side effects.
- Severity of the symptoms and their impact on the individual's ability to function.
- Any associated time off work.
- Past and present employment history.
- Any other associated medical conditions and physical symptoms.

*Reference:*

*Beyondblue*

*Mental Health Council of Australia*

*2005 IFSA Mental Health Claims Survey (\*14 out of 17 companies surveyed, results reflect YTD as at September 2005)*



# Obesity

Health problems and consequences associated with obesity and overweight include:

- Cardiovascular disease, high blood pressure and stroke.
- Conditions associated with insulin resistance, such as type 2 diabetes.
- Certain forms of cancer including breast, colon and prostate.
- Chronic musculoskeletal problems, osteoarthritis and osteoporosis.
- Respiratory difficulties including sleep apnoea.

Body mass index (BMI) is the most commonly used measure of body fat, based on a person's height and weight. It is calculated as a person's weight in kilograms divided by the square of their height in metres. The World Health Organisation has defined categories of BMI based on evidence of increased risk of chronic disease and mortality, classifying a BMI of 25-29.9 as overweight, a BMI of 30-39 as obesity and > 40 as morbid obesity.

## Important facts

- In 2001 an estimated 7.3 million Australian adults were overweight or obese, 58% of men and 42% of women aged 18 years and over.
- The prevalence of obesity has doubled over the past 20 years.
- Obesity was associated with over 4 million days lost from the workplace in 2001.
- Compared with people in the normal-weight range, obese women are 115% more likely to die before age 70 years and obese men are 81% more likely to die before age 70 years.

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## Underwriting approach

Loadings for obesity are determined based on a person's age, the product applied for and their BMI. A younger person will generally attract a loading for their BMI before an older person, and products providing living benefits, like Trauma and Income Protection will attract a loading for BMI before a policy for death cover. This is directly related to the increased risk of cardiovascular disease and morbidity associated with obesity, as well as the impact of obesity on younger ages.

There are numerous risk factors that impact an individual's predisposition to developing cardiovascular disease. These include high cholesterol, hypertension, smoking and impaired glucose tolerance. A person that presents with a BMI that in isolation does not result in a loading, may, if presented with one or more of these cardiovascular risk factors, result in a loading being applied, eg an applicant with hypertension, is overweight and has a family history of diabetes.

Where the applicant has a BMI of 32 or greater, a Lifescreen Express Check will automatically be required (please refer to Explanation of Medical Requirements on page 12 of the Underwriting Guide for details). In the event a Lifescreen Express Check can't be performed a full medical examination will be required.

### *References:*

*World Health Organization - Obesity and Overweight*

*Australian Government, Department of Health and Ageing, Obesity: Trimming the Nation*

*Heart Foundation, Cardiovascular disease and excess weight Fact Sheet*

*The Relationship between overweight, obesity and cardiovascular disease, a literature review prepared for the National Heart Foundation of Australia, AIHW 2004*



# Sleep apnoea

Sleep apnoea, also known as obstructive sleep apnoea (OSA) is a condition which occurs when the muscles at the back of the throat and tongue relax during sleep to the point where they collapse. This obstruction causes the airways to block, and breathing stops. After a few seconds, the lack of oxygen rouses the person and breathing starts again.

This may occur up to several hundred times a night, resulting in impaired concentration and daytime fatigue to the extent where the sufferer will fall asleep at inappropriate times. If OSA is not treated, there is an increased risk of high blood pressure, heart disease, stroke and MVA or work related accidents.

A sleep study should be performed before a diagnosis is made, which measures the body's oxygen levels, airflows, chest and abdomen movements, heart, brain, muscle and eye activity. Once diagnosed, treatment may include weight reduction, a nasal mask and pump known as a CPAP machine, or surgery.

## Important facts

- Factors that may contribute to OSA include obesity or weight gain, alcohol consumption and certain medications such as sleeping tablets.
- 4 in 100 middle-aged men suffer from OSA.
- 2 in 100 middle aged women suffer from OSA.
- Up to 48% of obese men and 38% of obese women suffer from OSA.
- OSA is as common as adult asthma.

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## Underwriting approach

When assessing an applicant with a history of OSA, the underwriter will take into account the severity of the sleep apnoea, the results of all sleep studies that have been undertaken (both pre- and post-treatment), the cause, the treatment and, of course, the level of compliance with the recommended treatment. They will also be interested in the applicant's BMI and current blood pressure.

One of the concerns for the underwriter is when an applicant is not compliant with the treatment, or the treatment is not successful. Generally, an applicant with mild sleep apnoea, no other unfavourable risk factors, and is well treated, will be offered all types of cover with a minimal loading. More severe cases, or if unfavourable risk factors are present, the ratings will vary, and in some situations, cover will not be available on any terms.

### *References:*

*Monash University – [www.med.monash.edu.au](http://www.med.monash.edu.au) – Obstructive Sleep Apnoea, Losing weight for a better night's sleep*

*Australian Government – [www.healthinsite.gov.au](http://www.healthinsite.gov.au) – Sleep Apnoea*

*Mayo Healthcare Australia – About Obstructive Sleep Apnoea*

