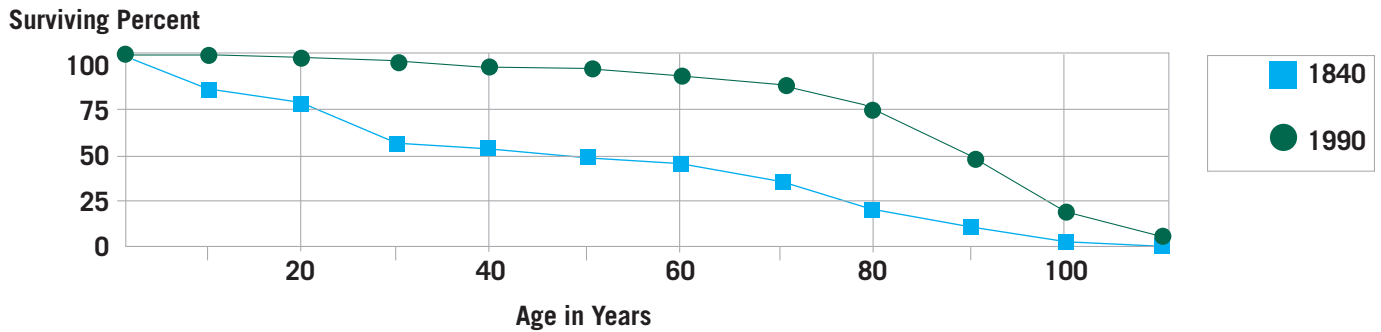


# Older Age Underwriting: Frisky vs. Frail



What is “old” or elderly”? For our purposes, “Old” is defined as 76-80, “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 2 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.

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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 (>75yr old). See the lists below.

#### Activities of daily living

- Ambulation
- Bathing
- Continence (bowel and bladder)
- Dressing
- Eating
- Toileting
- Transferring

#### Instrumental ADLs

- Using phone
- Shopping
- Preparing meals
- Laundry
- Housekeeping
- Taking meds right
- Managing money
- 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 prescriptions 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

*To get an idea of how a client with an Atrial or Ventricular Septal Defects would be viewed in the underwriting process, feel free to use the Ask "Rx" perts on the attached page for an informal quote.*

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