

Solutions

Medical Underwriting At Work For You



MetLife

Underwriting Seizures and Epilepsy

Risk of death from these impairments is low

By **Dr. Bruce Seidell**
MetLife Medical Director

David, 52, is a lawyer applying for life and disability income insurance. He has a history of childhood idiopathic epilepsy with many absence-type seizures that started at age 8. They were controlled with medication, which was stopped at age 20. There have been no seizures since.

John, 42, is a high school history teacher applying for life and disability income insurance. He began having complex partial seizures at age 26. His MRI was negative. His neurologist tried several combinations of medications. For the past five years he has been maintained on two drugs and has had an average of five seizures per year. He does not drink any alcohol.

What are Seizures and Epilepsy?

Seizures are sudden unexpected events caused by abnormal activity of brain cells. There are many causes including genetics, head trauma, stroke, brain tumor and alcohol or drug withdrawal.

Epilepsy is a condition characterized by recurring seizures due to an underlying brain disorder. Thus seizures from alcohol withdrawal are not epilepsy. Epilepsy is termed “idiopathic” when the specific cause cannot be identified.

There are several types of seizures, including:

- Partial focal seizures involve excitation in only one area of the brain.
- Partial complex seizures are similar to partial focal seizures, but also involve impaired consciousness.
- Jacksonian seizures spread from a small area of the brain to a larger region.

- Generalized seizures involve the entire brain. These include typical absence seizures (petit mal) which are brief, barely noticeable alterations of consciousness. Tonic-clonic (grand mal) seizures are dramatic events to witness. The “tonic” portion is the rigid contracture of the muscles, the “clonic” portion is rhythmic shaking that may be associated with tongue or cheek biting. The episode typically lasts a few seconds to a minute or two. After the acute activity the patient does not recall the seizure itself.
- Status epilepticus is a life threatening disorder, an acute prolonged epileptic crisis. Aggressive treatment is necessary, often including artificial respiration.

Continued >

If your client has been diagnosed with a seizure disorder...

Here are some questions you should ask:

- When was your first seizure?
- What type of seizure have you had?
- How frequently do the seizures typically occur?
- When was the most recent seizure?
- Is the cause known? If so, what is the cause?
- Which medications do you take?
- Any side effects from these medications?
- Have you had surgery for your seizures? If so, was it successful?

Underwriting Seizures and Epilepsy

Risk of death from these impairments is low

Continued >

The goal of treatment is to achieve seizure-free status without adverse effects. Many medications are available. Patients may respond to a single medication or require more than one, which may present greater adverse effects. Some patients do not respond to medication.

Medications may be discontinued if the patient is seizure-free for two to five years. Relapse is frequent, especially in those with abnormal brain structure or function. Other forms of therapy include vagal nerve stimulation and surgery with removal of a lobe of the brain or of an abnormal area in the brain. Results of these treatments vary.

Seizures and epilepsy may cause morbidity, often from trauma due to a grand mal seizure. Lacerations of tongue and injuries to the back and neck are not uncommon.

However the risk of mortality is small. If a seizure is fatal, it is usually the result of trauma from impaired consciousness at inopportune times, such as while driving. Sudden unexpected death from epilepsy (often called SUDEP) is rare, but may be more common when epilepsy is uncontrolled or there is poor compliance with medication.

If there is a specific underlying cause of the seizures such as brain tumor or stroke, there may be additional mortality and morbidity considerations related to it.

Life Insurance

David can be offered life insurance with a preferred rating since he has remained seizure-free and off medication for many years.

John continues to have occasional seizures on medication. No underlying cause has been identified. He can be offered life insurance with a low substandard rating.

Disability Income Insurance

David would qualify for disability income insurance at standard rates.

John would be offered disability income coverage with additional premium requirements, depending on the elimination period desired, and a limited benefit period.

The cases presented here are hypothetical. Specific ratings will vary based on a client's complete medical history.

Life insurance products are issued by MetLife Investors USA Insurance Company, Irvine, CA 92614, Metropolitan Life Insurance Company, New York, NY 10166, and in New York only by First MetLife Investors Insurance Company, New York, NY 10166. All guarantees are subject to the claims-paying ability and financial strength of the issuing insurance company. Variable products are distributed by MetLife Investors Distribution Company, Irvine, CA 92614. All are MetLife companies. August 2011

Life Insurance Products:

- Not a Deposit • Not FDIC-Insured • Not Insured By Any Federal Government Agency
- Not Guaranteed By Any Bank or Credit Union • May Go Down In Value

MetLife

First MetLife Investors Insurance Company
Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166

MetLife Investors USA Insurance Company
MetLife Investors Distribution Company
5 Park Plaza, Suite 1900
Irvine, CA 92614