



Rx FOR SUCCESS

Depression and Anxiety Disorders

Mood and anxiety disorders are common, and the mortality risk is due primarily to suicide, cardiovascular disease, and substance abuse. Risk is highest early in the course of the disorder or within 2 years of a hospitalization.

Mood disorders are divided into **Depressive Disorders** (*unipolar*) and **Bipolar Disorders** (*manic depressive*). **Dysthymia** is chronic low-grade depression that does not meet the criteria for **Major Depression**. Criteria for **Major Depression** require a history of depressed mood for at least 2 weeks plus 4 or more of the following: weight change, sleep disturbance, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, difficulty concentrating, or suicidal ideation. To meet the criteria for **Bipolar Disorder**, there must be a history of at least one episode of mania (*abnormal elevated/irritable mood*) in addition to the **Major Depression** criteria.

Anxiety disorders include **panic disorders, agoraphobia, social phobia, social anxiety disorder (SAD), simple phobia, generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD)**. Symptoms include worry and nervousness, racing heart, breathlessness, dizziness, sweats, headache, insomnia, and other vague complaints. Depressive disorders often overlap with anxiety disorders, and in the long term, many patients continue to have symptoms. Recurrences are common for both mood and anxiety disorders.

Drug therapy (with or without counseling) is effective in treating most individuals. The mainstay of therapy for both anxiety and mood disorders is antidepressant drugs. For more severe cases, electroconvulsive therapy (ECT) or anti-psychotic agents may be required. If anxiety is present, treatment may include benzodiazepines and buspirone. Benzodiazepines are addictive and underwriting caution is necessary, especially in those prone to substance abuse. Bipolar disorder (manic depression) is usually treated with Lithium.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

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Bring Your Challenges[®]

UNDERWRITING CONSIDERATIONS FOR ADULTS WITH MOOD AND ANXIETY DISORDERS		
Mild	No suicidal ideation for 1yr, able to perform normal activities with minimal symptoms on 0 – 2 medication (no antipsychotic agent), rare anxiety attacks, no ECT for > 19yr, no hospitalization/suicide attempts/disability for >9yr	Non-rated
Moderate	No suicidal ideation for 6 months, able to perform normal activities with minimal-moderate symptoms on 0 – 3 medications (no antipsychotic agent), single episode of disability (of short duration), no hospitalization/ECT/suicide attempts for > 9yr	Table B
Severe	Significant symptoms, requires antipsychotic medication, ECT/hospitalization(s) long episode(s) of disability, single suicide attempt	<ul style="list-style-type: none"> ▶ Declined within first yr of recovery ▶ 2nd – 3rd yr—Table D – F ▶ 4th – 5th yr—Table B – D ▶ 6th – 9th yr—Table B – C Higher rating for those with multiple severe episodes

Applicants under age 18, with a history of drug or alcohol abuse, with psychotic conditions, with multiple suicide attempts, or with frequent panic attacks will be given individual consideration.

To get an idea of how a client with Mood and Anxiety Disorders would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.

Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Mood and Anxiety Disorders, use this form to Ask “Rx”pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of mood or anxiety disorder, please answer the following:

1. Please provide the diagnosis.

2. Please indicate date(s) of episode(s).

3. Is your client on any medications?

Yes. Please give details. _____

No

4. Does your client have a history of substance abuse (alcohol or drugs)?

Yes. Please give details. _____

No

5. Has your client been hospitalized, required ECT, been seen in the emergency room, or been on disability for psychiatric symptoms or treatment?

Yes. Please give details. _____

No

6. Has your client smoked cigarettes in the last 12 months?

Yes

No

7. Does your client have any other major health problems (e.g., cancer, etc.)?

Yes. Please give details. _____

No