



## Rx FOR SUCCESS

## Multiple Sclerosis

Multiple Sclerosis (MS) is a chronic or recurrent progressive disease of the central nervous system. Typical onset is between the ages of 20 and 50 years.

The cause of MS is unknown, but it may result from a combination of genetic, environmental, and immunologic factors.

- ▶ First degree relatives of someone with MS face a small risk of developing MS themselves.
- ▶ MS is more frequent in areas that are distant from the equator.
- ▶ It has been speculated that a viral infection initiates the MS process, followed by an autoimmune response in a genetically predisposed host, but this is not clear.

The pathological condition in MS is nerve demyelination (*loss of the protective covering around a nerve*). Symptoms develop as nerve conduction slows and then fails completely. The typical attack is relatively sudden in onset, persists for 3 to 12 weeks, then clears.

TYPE OF INVOLVEMENT	SYMPTOMS REPORTED BY PATIENT
Motor	Weakness
Sensory	Numbness
Visual	Blurring, double vision
Vestibular	Light-headedness
Genitourinary	Incontinence

Psychiatric and cognitive disturbances are common in MS. Up to 20% of patients experience a major depression, which typically responds to traditional drug therapy. Memory and attention deficits also occur.

The following clinical presentations are very suggestive of MS:

- ▶ **Optic neuritis (inflammation of the optic nerve):** frequently the first manifestation of MS, which can be diagnosed years later.
- ▶ **Internuclear Ophthalmoplegia:** weakness of the eye muscles.
- ▶ **Lhermitte's sign:** an electric or shock-like sensation going down the arms, back, or lower trunk when the neck is flexed.

The availability of coverage and rates will vary based on company underwriting criteria including, but not limited to, age, sex, health history, smoking status, and residency.

Underwriting rules are subject to change at our discretion.

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**Common tests** done in evaluation of MS include brain MRI, spinal tap to study the spinal fluid proteins and immunoglobins, and measurement of sensory nerve conduction (called evoked response).

Classically, MS has a relapsing-remitting pattern. There are periods of remissions and exacerbations that occur at unpredictable intervals over a period of several years with initial episodes tending to resolve completely. It is the accumulated burden of multiple attacks that causes persistent symptoms.

There is no cure for MS. Treatment is directed against the underlying disease process and toward alleviating symptoms. Common medications are steroids, interferon, and glatiramer acetate. Drugs to control bladder function, spasticity, and depression may be necessary.

The course of the disease is remarkably variable, but overall, MS is a progressive disorder. The median time frame from onset to difficulty with ambulation is about 15 years. Less than 10% have primary progressive MS at onset. 85-90% has relapsing-remitting at onset. Transition from relapsing remitting to secondary progressive usually occurs 10 to 20 years after disease onset. Approximately 15% will have a benign form and they remain completely neurologically functional 15 years after disease onset, with rare transformation to a more severe course.

## OUR UNDERWRITING GUIDELINES (ABSENT OTHER IMPAIRMENTS)

- ▶ **Suspected MS** but with no test results to support the diagnosis (no current evidence of disease and no treatment recommended):
  - ▶ Table C if within 2 years of the attack
  - ▶ Table B if 3 to 4 years of the attack
  - ▶ Non-rated after 4 years
- ▶ **Definite MS**, at least two clinical events and/or with test results to support the diagnosis, OR anyone for which treatment has been recommended AND has minimal impairment, is ambulatory, independent, and stable:
  - ▶ Table G if within 2 years of the last attack
  - ▶ Table E if 3 to 5 years from last attack
  - ▶ Table C if 6 to 10 years from last attack
  - ▶ Table B after 10 years since last attack
- ▶ **If the degree of severity is more than minimal:** the rating will increase, and decline is likely on the most severe cases. Progressive neurological decline in less than a decade would be declined.

To get an idea of how a client with a history of Multiple Sclerosis would be viewed in the underwriting process, please 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 Multiple Sclerosis, use this Ask “Rx”pert Underwriter for an informal quote.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

**1. Please list date of first diagnosis.**

\_\_\_\_\_

**2. Please indicate the number of episodes and date of last episode.**

\_\_\_\_\_

**3. Is your client on any medications?**

- ☐ Yes. Please give details: \_\_\_\_\_  
☐ No

**4. Please note current neurologic status and/or symptoms.**

- ☐ Normal  
☐ Minimal residual impairment (Please specify.) \_\_\_\_\_  
☐ Moderate residual impairment (Please specify.) \_\_\_\_\_  
☐ Severe residual impairment (Please specify.) \_\_\_\_\_

**5. Please provide all MRI brain scan reports.**

\_\_\_\_\_

**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., heart disease, etc.)?**

- ☐ Yes. Please give details: \_\_\_\_\_  
☐ No