

# IMPAIRED RISK REFERENCES

Issue 18

## Underwriting Glucose Intolerance

### THE CASE

### STUDY FOR

### THIS MONTH

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Meet Sandra Belford, member of the impaired risk team. Sandra comes to Banner from First Penn-Pacific where she was a senior underwriter. Be sure to give Sandra a call on your next tough case.

A 50-year old male is applying for \$650,000 of term life insurance. He is not aware of any health problems. Recently the attending physician detected a mildly elevated fasting blood sugar, but no diabetes. He advised weight loss. On the exam, the patient's height was 6 feet 0 inches, weight was 240 pounds and the lab revealed a fasting glucose of 120 (normally less than 110).

Glucose intolerance, a newly recognized problem in the field of medicine, is commonly encountered

in underwriting. It is increasing in incidence and now affects 25 percent of the population. The increase is due to increasing numbers of those overweight and obese. This condition is also known as impaired glucose tolerance (IGT). It has been referred to as pre-diabetes because it often develops into diabetes. Fasting glucose is between 110 and 125 in IGT and the glycohemoglobin can be normal or slightly elevated (see *Impaired Risk References Underwriting Diabetes*).

When IGT is present, it has been determined to be a significant coronary artery disease (CAD) risk factor. Even when diabetes has not developed, IGT can promote CAD – the condition that can produce heart attacks. IGT is found to exist in 35 percent of those with heart attacks and the victims are often unaware they have it.

IGT is caused by a state of "insulin resistance." The tissues and arteries do not respond normally to insulin. Insulin is a hormone that not only allows glucose to enter the cells, but also benefits tissues in other ways by giving protection to the arteries. When there is insulin resistance, glucose stays in the blood and this gives a higher than normal fasting glucose. Insulin resistance is bad.

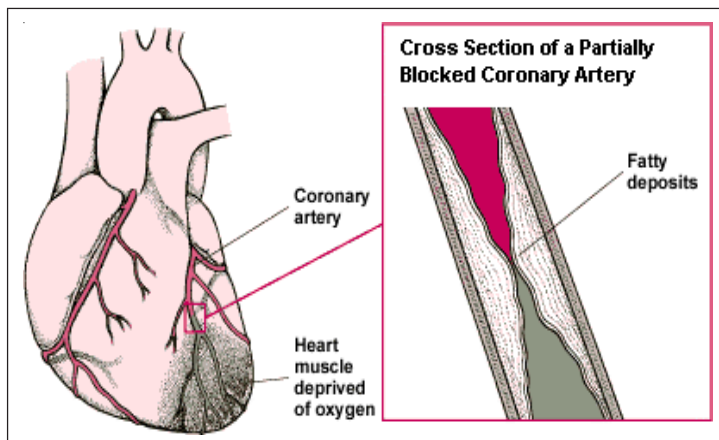
When IGT is present and because there is insulin resistance, the two terms are often used synonymously. These two problems are part of what is called the "Metabolic Syndrome," which includes other problems such as blood pressure and triglycerides elevation.

Once IGT is discovered, it can be treated and the outcome will normalize or improve the risk of CAD. The ways to treat it are with diet, weight loss and also a regular exercise program. These

have been shown to be effective in improving the tissue sensitivity to insulin. Not everyone is able to adhere to this program, so there are medications that have been developed to treat diabetes that also treat IGT. These medications work by making

the blood vessels and tissues more responsive to insulin (thus lowering insulin resistance). So when the attending physician detects IGT, these medications are sometimes used.

In the case study cited, the life insurance offer would likely be standard. An applicant's weight which falls within the standard plus build chart is worsened by the presence of IGT. We need to understand that this risk of IGT is more often recognized as a coronary risk factor by the underwriter and prevents more aggressive underwriting.



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