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# Mental Health Underwriting – Update From the Cuckoo’s Nest

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***“They can’t tell so much about you if  
you got your eyes closed” – Ken Kesey,  
One Flew Over The Cuckoo’s Nest***



## Overview

- Challenges in Underwriting Mental Health
- Mental Health Statistics
- Impairments
- Treatment and Prevention
- Application of Technology
- Impact of Generational Differences
- Effects of Proposed Health Care Legislation
- RGA Mental Disorders Study
- Conclusion

# Challenges in Underwriting Mental Health

- Gauging severity
- One disorder often impacts or causes another
- Misdiagnosis or lack of diagnosis
- Many conditions are behavioral – not physiological
  - Lack of reliable testing
- Medications may over-estimate or under-estimate risk



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## Mental Health Statistics

**Mental Illness Costs America**  
**\$193.2 Billion**  
**in Lost Earnings Per Year**

# Mental Health Statistics

## General Population Statistics

- 1 in 5 adults have a mental health condition in the U.S.
  - 43.8 million Individuals
- More Americans currently have access to services
  - 19% remain uninsured in states that **did not** expand Medicaid
  - 13% remain uninsured in states that **did** expand Medicaid
- Most Americans still lack access to care
  - 56% of adults in the U.S. with a mental illness do not receive treatment
- There is a significant mental health workforce shortage
  - Only 1 mental health professional per 1,000 individuals

# Mental Health Statistics

## Youth Statistics

- 1 in 5 children ages 13-18 have, or will have, a serious mental disorder
- 50% of all lifetime mental illness begin by age 14 and 75% by age 24
  - Long delays - sometimes decades - between the first appearance of symptoms and when people receive treatment
- 50.6% of children aged 8-15 received mental health services in the previous year.
- 37% of students with a mental illness age 14–21 and older who are served by special education drop out
  - Highest dropout rate of any disability group
- More than 90% of children who die by suicide have a mental health condition

# Mental Health Statistics

## Consequences of Lack of Treatment

- Adults in the U.S. living with one or more serious mental disorder die on average 25 years earlier than others
  - Mostly due to treatable medical conditions
- The 3<sup>rd</sup> most common cause of hospitalization in the U.S. for ages 18-44 is mood disorders
  - i.e. Major depression, dysthymic disorder, bipolar disorder
- Each day, between 18-22 veterans die by suicide



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## Impairments



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# Depression

# Depression

## General Facts

- More than 300 million people of all ages suffer from depression globally
- Depression is the leading cause of disability worldwide
- Depression affects 20-25% of Americans ages 18+ in a given year
- Only about half of people in the U.S. experiencing depression receive treatment
- 80-90% of people that seek treatment for depression are treated successfully using medication and/or therapy
- In 2010, the economic burden of depression was estimated to be \$210.5 billion

# Depression

## Increased Mortality and Risk

- Increased risk for mortality from suicide as well as other causes such as heart disease
- Associated with lower workplace productivity and more absenteeism, which results in higher unemployment and reduced income
- Higher risk for other conditions and behaviors:
  - Other mental disorders
    - Anxiety disorders
    - Substance use disorders
    - Eating disorders
  - Smoking
  - Alcohol consumption
  - Obesity and physical inactivity
  - Sleep disturbance
  - Epilepsy
  - HIV/AIDS

# Q. Depression - What Challenges Do We Face as Underwriters?

- **No specific objective tests to diagnose Depression**
  - No specific biochemical or physiological laboratory tests
- **Often a constellation of impairments; not just depression**
- **Quality of records**
  - Not always comprehensive
  - Entries that repeat from visit to visit
  - Rx history sometimes difficult to decipher
    - What's current and what's not
    - Multiple meds with interchangeable labels

## UW Challenges (continued)

- **Diagnosis and Severity**

- Both can be subjective
- Stated diagnosis may inconsistent w/clinical notes

### **Example: 'Major Depression' often implies moderate or /severe depression**

- Individual consideration usually plays a big role
  - *We all bring our own “stuff”*
- I know what I'd do, but ...
- Often multiple decisions can be defended

# Medication - Another Significant Challenge

- Multiple psych medications
- Combined with multiple non-psych medications
- Deadly Drug Combinations

**Excess Alcohol + \_\_\_\_\_ = Deadly combination**

ANTIDEPRESSANTS

OPIATES

STIMULANTS

BENZODIAZEPINES



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# Suicide

**“Suicide in the United States has surged to the highest levels in nearly 30 years”**

**-New York Times, 2016**

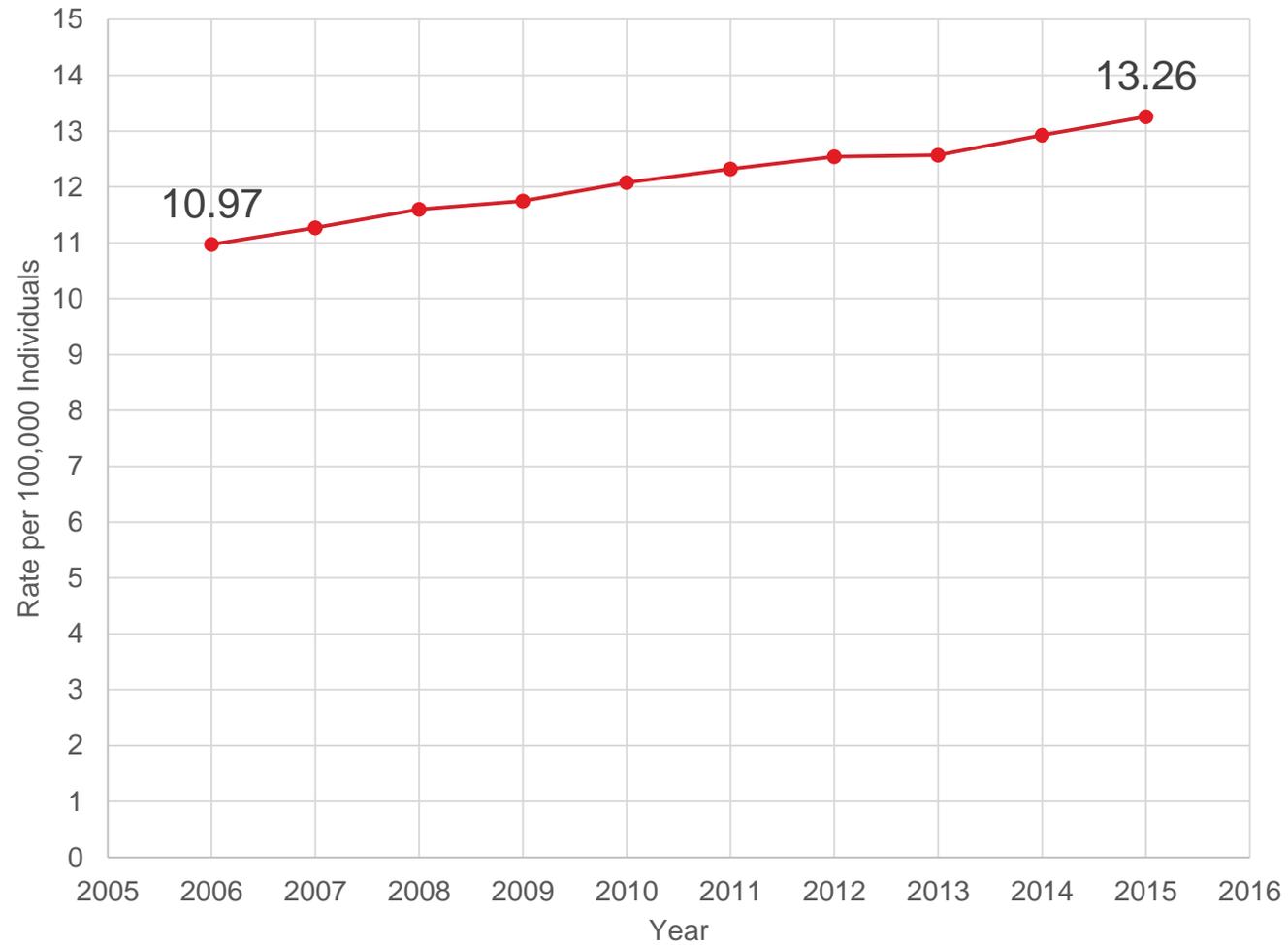
# Suicide

## Cause of Death Rank

- The 10<sup>th</sup> leading cause of death in the U.S. overall
- The 4<sup>th</sup> leading cause of death for ages 18-65
- The 3<sup>rd</sup> leading cause of death for ages 10-14
- The 2<sup>nd</sup> leading cause of death for ages 15-24

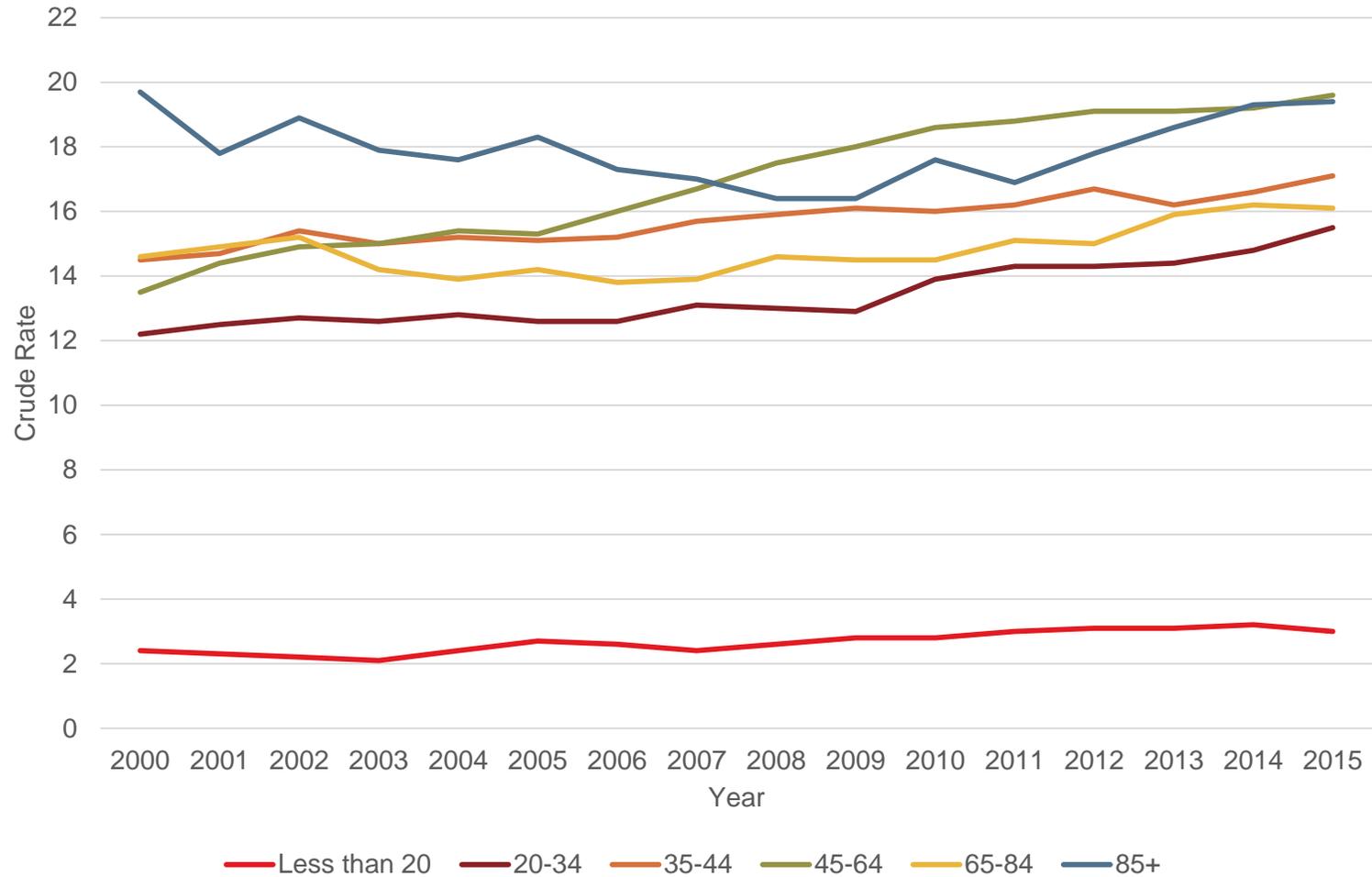
# Suicide

## Overall Rates in the United States



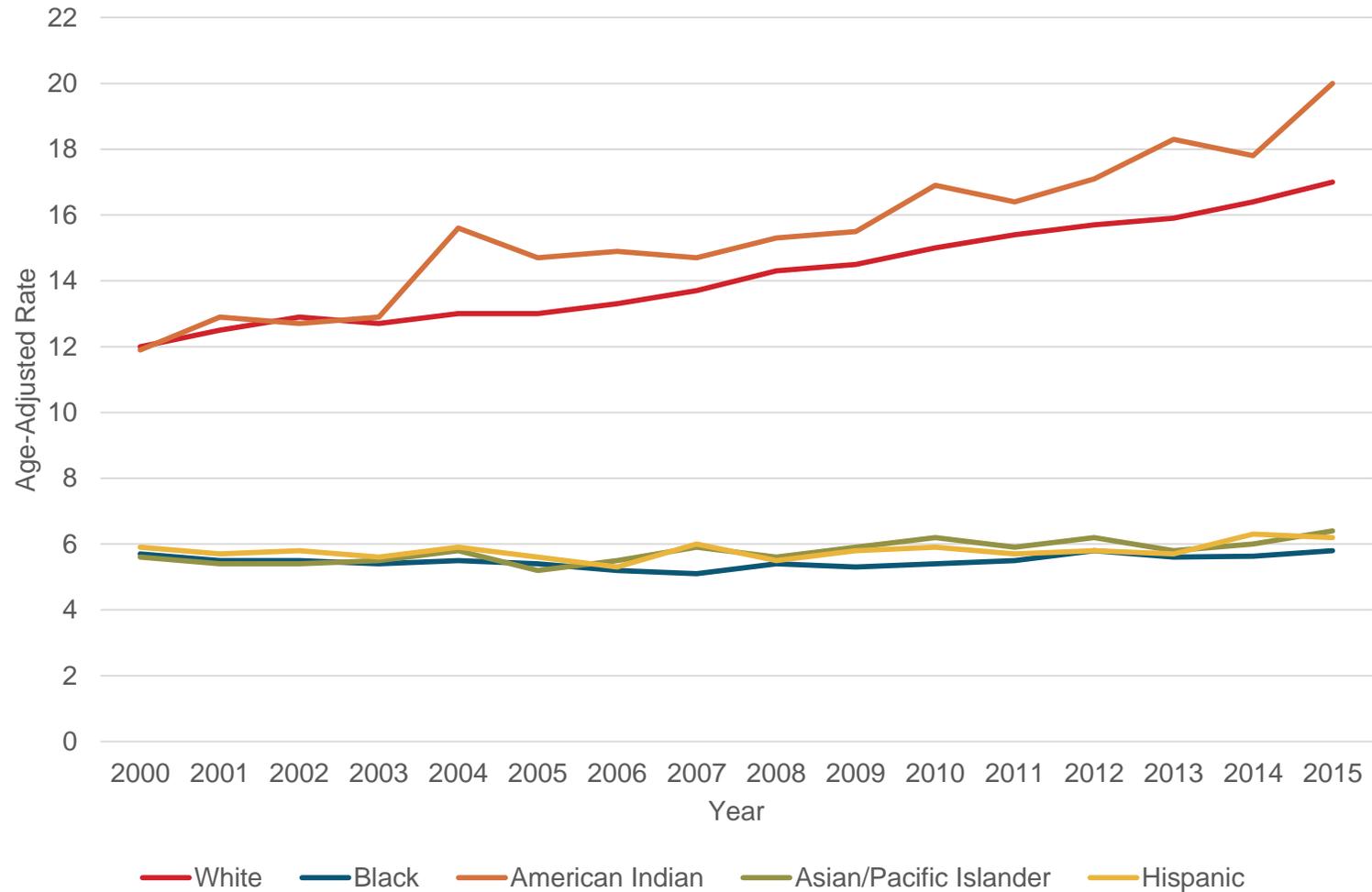
# Suicide

## Rates by Age



# Suicide

## Rates by Ethnicity



# Suicide

## General United States Statistics

- From 1999-2014, suicide rates increased for all ages 10-74 in both males and females
- Every day, about 105 Americans die by suicide
  - 1 death every 13 minutes
- There is 1 completed suicide for every estimated 25 attempts
  - An estimated quarter million people become suicide survivors **each year**
- There is 1 suicide for every estimated 4 attempts in the elderly

# Suicide

## General Global Statistics

- There is 1 death by suicide in the world every 40 seconds
- Suicide is the 3<sup>rd</sup> leading cause of death worldwide for ages 15-44

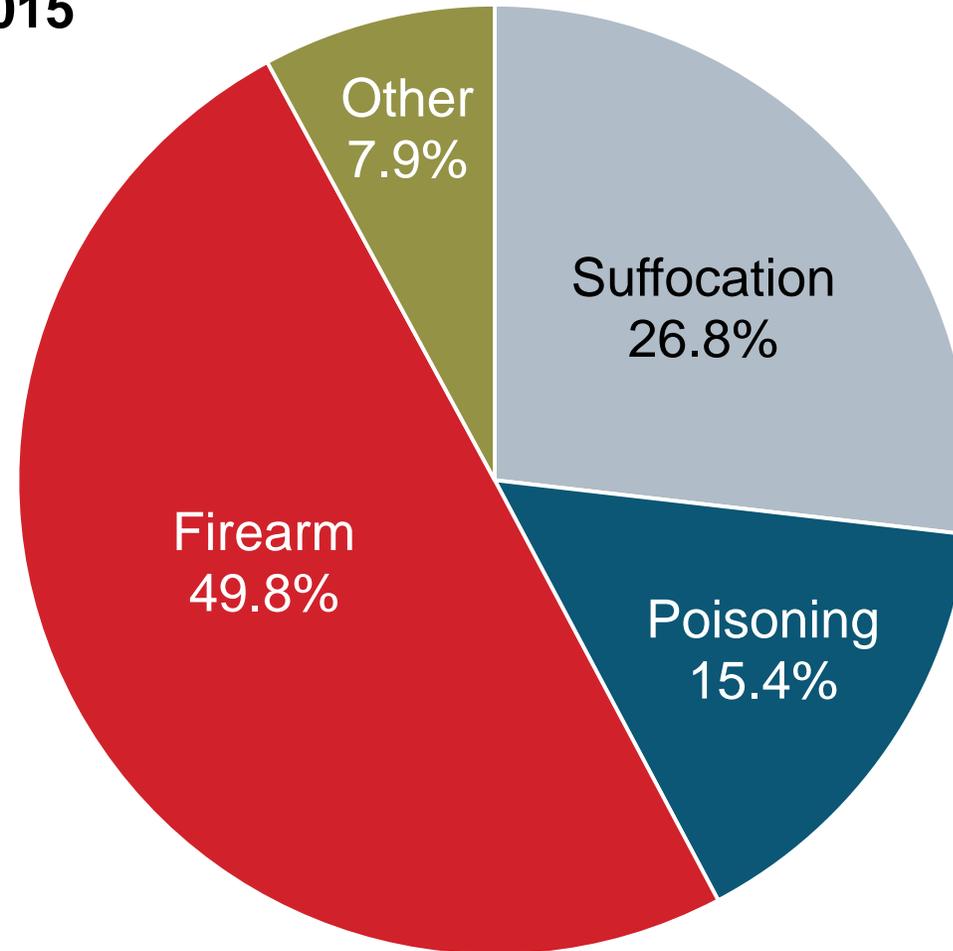
# Suicide

## Gender Differences

- Females attempt suicide 3x as often as males
- Females are more likely than males to have suicidal thoughts
  - Experience depression at roughly 2x the rate of men
- Male rates are 4x higher than female
  - 79% of all US suicides are male
- The most common method used among males is firearms, while females use poisoning the most

# Suicide

## Method of Completion, 2015



# Suicide

## Sexual Orientation and Gender Identity

- Gay, lesbian, and bisexual kids are 3x more likely than straight kids to attempt suicide at some point in their lives
- Homosexual and bisexual young people whose families reject or do not accept them are greater than 8x more likely to attempt suicide than those who are accepted
- In one study, 41% of trans adults said they had attempted suicide
- LGBTQ individuals become 2.5x more likely to hurt themselves each time they are a victim of physical/verbal harassment or abuse



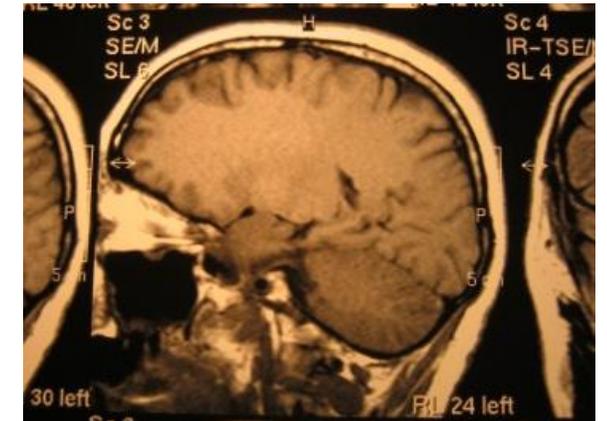
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**ADHD**

# ADHD

## Genetics and Chemical Differences

- ADHD is caused by structural, chemical, and connectivity differences of the brain – typically a result of genetics
- Those with ADHD have abnormalities in functionality of dopamine and norepinephrine to communicate between neurons and activation of various brain functions
- ADHD runs in families
  - Between 40-60% of children of adults with ADHD will also have the condition
- Several highly heritable genes have been linked to ADHD
  - Dopamine receptor genes DRD4, D2
  - Dopamine transport gene DAT1
  - Genes impacting serotonin activity



# ADHD

## DSM-5 Diagnostic Criteria for ADHD

Symptoms of inattention	Symptoms of hyperactivity and impulsivity
Often fails to give close attention to detail or makes mistakes	Often fidgets with or taps hands and feet, or squirms in seat
Often has difficulty sustaining attention in tasks or activities	Often leaves seat in situations when remaining seated is expected
Often does not seem to listen when spoken to directly	Often runs and climbs in situations where it is inappropriate (in adolescents or adults, may be limited to feeling restless)
Often does not follow through on instructions and fails to finish schoolwork or workplace duties	Often unable to play or engage in leisure activities quietly
Often has difficulty organising tasks and activities	Is often 'on the go', acting as if 'driven by a motor'
Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	Often talks excessively
Often loses things necessary for tasks or activities	Often blurts out answers before a question has been completed
Is easily distracted by extraneous stimuli	Often has difficulty waiting their turn
Is often forgetful in daily activities	Often interrupts or intrudes on others

# ADHD

## Diagnostic and Severity Classification

- Diagnostic criteria
  - For **children**, 6 or more symptoms have persisted for 6 months
    - Inconsistent with developmental level
    - Negatively impacts social and academic/occupational activities
  - For **older adolescents and adults** (17+), 5 or more symptoms required
- According to the DSM-5, ADHD can be classified as Mild, Moderate, or Severe:
  - **Mild**: few, if any, symptoms over the requirement of diagnosis are present; symptoms are no more than minor impairments in social or occupational functioning
  - **Moderate**: symptoms between “mild” and “severe” are present
  - **Severe**: many symptoms are present in excess of requirement to make diagnosis, or several symptoms are particularly severe, or symptoms result in significant impairment to social or occupational functioning

# ADHD

## Mortality and Risk Prognostication

- About one-third of children with ADHD continue to meet the criteria for that diagnosis as adults
  - Motor symptoms become less obvious, but difficulties with restlessness, inattention, poor planning, and impulsivity persist
- Higher risk for other conditions or behaviors:
  - Other mental disorders
    - Depression
    - Mood or conduct disorders
    - Substance abuse
  - Difficulties in coping with frustration and day-to-day responsibilities
  - Deficits in executive function
    - Inability to consider long-term consequences of behavior
    - Difficulty completing tasks and forgetting important things



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# Bipolar Disorders

# Bipolar Disorders

## General Facts

- Characterized by unusual shifts in mood, energy, activity levels, and the ability to carry out daily tasks
- Peak age of onset is 15 to 25 years old
- Affects an estimated 2.6% of Americans

# Bipolar Disorders

## Classifications

### Bipolar I Disorder

- One or more manic episodes
  - Duration of at least 7 days, or
  - Episode is so severe that immediate hospitalization is necessary
- Periods of depression are typically experienced as well
  - Duration of at least 2 weeks
- Depression with mixed features possible
  - Depression and mania at the same time
- Females = Males

### Bipolar II Disorder

- One or more major depressive episodes and at least one episode of hypomania
- Possible periods of level mood between episodes
- Highs in this classification (hypomanias) are not as high as those in bipolar I (manias)
- Hypomanic episode could be unrecognized or unreported → misdiagnosed as major depression
- Females > Males

# Bipolar Disorders

## Mortality and Risk

- In a large new study, people with bipolar disorder were more likely than those without the mental illness to die from a number of causes almost a decade earlier
- Individuals with a bipolar disorder are 3 times more likely to develop diabetes than the general population
- Those with bipolar disorder are 1.5 to 2 times more likely to die from conditions such as heart disease, diabetes, and stroke
- 15% of those with bipolar disorder die by completed suicide



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**PTSD**

# PTSD

## General Facts

- 60% of males and 50% of females experience a traumatic event in their lives
- An estimated 8 million adults have PTSD each year
- Deliberate violence creates longer lasting mental health effects than accidents or natural disasters
- Anxiety, depression, and substance abuse are common co-morbidities

# PTSD

## Symptoms

- Re-experiencing the traumatic event through nightmares, flashbacks, and distressing recollections
- Avoidance of people, places and activities that are reminders of the trauma
- Fear and anxiety
- Emotional numbness
- Difficulty sleeping and concentrating
- Hyperarousal

Most symptoms gradually decrease over time

# PTSD

## Terrorism

- Since 9/11, research has increased dramatically on effects of terrorism on PTSD
- People most directly exposed to terrorist attacks are at higher risk for developing PTSD
- Terrorism challenges the human need to view the world as predictable, orderly, and controllable
- Terrorism causes prolonged consequences to individuals and communities
- Predictors of PTSD
  - Being closer to the attacks
  - Being injured, or knowing someone that was killed or injured
  - Watching more media coverage of the traumatic event

# PTSD

## Terrorism – Nature of Trauma

- The prevalence of those exposed to traumatic stressors who go on to develop PTSD varies depending on the nature of the trauma

Nature of Trauma	PTSD Prevalence Rates
Bombing	34%
Plane Crash into Hotel	29%
Mass Shooting	28%

# Effects of Terrorism on PTSD

## 9/11 Attack

- 3-5 days after the attack, 44% of Americans within national samples reported at least one symptom of PTSD
- 1-2 months after the attack, 4% of Americans showed probable PTSD nationwide
- Prevalence of PTSD in New York City residents 1-2 months after the attack was 11%
- A study found that amount of time watching TV coverage related to symptoms of PTSD
- PTSD prevalence decreased during the 6 months post-attack, but substance and alcohol use remained high
  - PTSD was related to increased cigarette and marijuana use
  - Manhattan residents showed significant increase in alcohol, cigarette, and marijuana use overall

# Effects of Terrorism on PTSD

## Oklahoma City Bombing

- Almost 50% of survivors directly exposed to the blast reported developing problems of anxiety, depression, and alcohol use; over one-third of these survivors reported PTSD
- Over a year later, Oklahomans reported increased rates of smoking, alcohol use, stress, and PTSD symptoms when compared to citizens of other metropolitan areas
- Two years later, 16% of children and adolescents living about 100 miles out of Oklahoma City reported significant PTSD symptoms related to the attack
- PTSD symptomatology was greater in those with more media exposure

# Effects of Terrorism on PTSD

## Lockerbie Disaster: The Crash of Pan Am Flight 103

- In 1988, a terrorist bomb caused an airline explosion over Lockerbie, Scotland – 270 fatalities
- Almost 75% of a group of people seeking psychological damages following the crash reported PTSD
- Over 50% of these people seeking damages continued to have PTSD three years after the crash

# PTSD Clinical Trial

## Treatment for Terrorism Victims in France

- Victims of recent attacks in Paris offered the opportunity to take part in clinical trial to treat PTSD
- Participants
  - Study conducted by partnership of Greater Paris University Hospitals and a Canadian team, which designed the treatment
  - 12 hospitals in Paris
  - 400 patients including terrorism victims and medical staff who looked after them
- Innovative cure based on the use of beta blockers (Propranolol drug)
  - Typically used to treat hypertension
  - Blocking the action of neurotransmitter norepinephrine (helps regulate negative emotions) could be effective in as many as 65% of patients with PTSD
  - The drug, combined with speech therapy, can make the traumatic memories appear less violent and eventually dissipate

# PTSD Clinical Trial

## Treatment for Terrorism Victims in France

- Therapy follows 6-week protocol
  - Patients given beta blocker once a week
  - An hour after taking the drug, the patient will meet with a psychotherapist and write on a piece of paper a description of the traumatic memory and discuss
  - Process repeated weekly in the hope that speaking of the memory will gradually become easier
- Goal of treatment: allow patients to distance themselves from the trauma and remember it less and less clearly
- This treatment is recommended for anyone still experiencing PTSD 5 months after an attack and could benefit from innovative therapy



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# Treatment

# Medication

## Antidepressants

- Commonly used to treat Depression, anxiety, pain, and insomnia. Sometimes used to treat ADHD in adults
- Common antidepressants
  - Selective serotonin reuptake inhibitors (SSRIs)
  - Serotonin and norepinephrine reuptake inhibitors (SNRIs)
  - Bupropion
- Some people respond better to certain medications than to others
  - May need to try several medications before finding the one that works best

# Medication

## Anti-Anxiety Medications

- Treat anxiety by helping reduce panic attacks, extreme fear, and worry
- Common anti-anxiety medications
  - Benzodiazepines
    - Generalized anxiety disorder
  - Selective serotonin reuptake inhibitors (SSRIs)
    - Panic disorder and social anxiety disorder

# Medication

## Stimulants

- Treat ADHD by increasing alertness, attention, and energy
- Common stimulants
  - Methylphenidate
  - Amphetamine
  - Dextroamphetamine
  - Lisdexamfetamine Dimesylate
- Prescription stimulants have a “focusing” and calming effect on people with ADHD

# Medication

## Antipsychotics

- Used in combination with other medications to relieve symptoms of delirium, dementia, and other mental health conditions such as:
  - ADHD
  - Severe depression
  - Eating disorders
  - PTSD
  - OCD
  - Generalized Anxiety Disorder
- Every patient responds differently
  - Several trials of different medications might be necessary to find the right one

### First-Generation Antipsychotics

- Chlorpromazine
- Haloperidol
- Perphenazine
- Fluphenazine

### Second-Generation Antipsychotics

- Risperidone
- Olanzapine
- Quetiapine
- Ziprasidone
- Aripiprazole
- Paliperidone
- Lurasidone

# Electroconvulsive Therapy (ECT)

## Overview

- In modern psychiatry, ECT is hands-down the most controversial treatment
- Attitudes towards ECT:
  - Critics → Crude, coercive tool; history of abuse
  - Advocates → Most effective and lifesaving psychiatric treatment out there
- Today, an estimated 100,000 people per year receive ECT

# Electroconvulsive Therapy (ECT)

## How it Works Today

- Patient receives drugs to suppress convulsions and is put under general anesthesia
  - Feels no shock or pain
- Two electrodes are placed on the patient's scalp
- A carefully controlled electrical current is passed through the patient's brain to trigger a seizure (rapid discharge of nerve impulses throughout the brain)

# Electroconvulsive Therapy (ECT)

## Conditions Treated and Side Effects

- Conditions treated
  - Severe depression
    - Unresponsive to any medications
  - Acute mania
  - Certain schizophrenia syndromes
  - Suicidal patients unable to wait for antidepressants to take effect
  
- Side effects
  - Memory loss, headaches, confusion, muscle stiffness, disorientation, difficulty acquiring new information
    - Learning and memory issues typically return to normal within a few weeks or months
  - Possible permanent loss of memory of events immediately surrounding an ECT session

# Electroconvulsive Therapy (ECT)

## Future of ECT

- Neuroscientists and psychiatrists are hard at work looking for therapies that have the positive effects of ECT without the memory risks.
- FDA is currently deciding on approval of a technique known as rapid transcranial magnetic stimulation (rTMS)
  - Involves placement of an electromagnetic coil on the scalp
  - A pulsed high-intensity current is passed through the coil into specific areas of the brain, creating a powerful and focused magnetic field that changes the way brain cells function
- Magnetic seizure therapy is a combination of ECT and rTMS
  - Uses a coil similar to the apparatus used in rTMS to stimulate only certain parts of the brain but induces seizures like ECT
  - Still in the early stages of development but designed to produce fewer side effects than ECT



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## Application of Technology

# Application of Technology

## Mobile Applications

- Code Blue
  - Provides an immediate support group for those with depression or bullying problems
  - Allows the user to add local contacts to their group and share their location in seconds when help is needed
- PTSD Coach
  - Provides a self-assessment tool that helps track and manage symptoms over time
  - Contacts can be stored in this app for personal support, nearby treatment programs, and the National Suicide prevention Hotline for emergencies
- Optimism
  - Helps manage depression, bipolar disorders, anxiety, and PTSD by detecting patterns in mood and identifying triggers through user input
  - Wellness plans and coping mechanism can be customized and updated in this app
- Talkspace
  - Connects users with one of over 200 licensed therapists through messaging
- SAM: Self Help for Anxiety Management
  - Users can manage their anxiety by recording anxiety levels and identifying triggers
  - App includes 25 self-help options to help users cope with mental and physical symptoms



# Application of Technology

## Wearables

- **Reveal**
  - Wearable device that measures and tracks anxiety to help better understand behavior; specifically for those on the autism spectrum
  - Uses a sensor and an advanced algorithm to measure and track physiological signs (heart rate, body temperature, sweat levels) that an issue is about to occur
  - Syncs with a smartphone app and sends parents/guardians a notification when something is wrong
- **Spire**
  - Wearable device that detects emotions, breathing patterns, and physiological signs
  - Determines how the user is feeling based on these factors and sends wellness tips or how to relax to an app on the user's smartphone
  - Can decrease stress levels up to 50%
- **Fisher Wallace Stimulator**
  - Headband-like device worn over temples – FDA-approved
  - Helps treat insomnia, depression, bipolar depression, and anxiety
  - Stimulates the brain to release serotonin and dopamine → reduces stress and increases happiness





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## Impact of Generational Differences

# Impact of Generational Differences

## History of Mental Illness Attitudes

- In the past, mental illness was largely stigmatized
- Media displayed the mentally ill as terrifying and crazy
- Seeing a psychiatrist and going to therapy was a taboo
- History of attitudes towards mental illness
  - In the beginning, people with mental illness were thought of as infected with evil spirits
  - A century later, mental disorders were thought of as diseases
    - Individuals confined in institutions alongside criminals and beggars – “Human Zoos”
  - Organic Illness
  - Current: psychological illness

# Impact of Generational Differences

## Attitude Shift

- A current study of different aged cohorts found that the older the individual, the more negative the attitudes held towards mental illness
- More people are talking about mental health now than ever before
- Younger generations – primarily millennials – have grown up in an era where seeking help and being more open about mental illness is normal and even trendy
  - More open to accepting mental illnesses and talking about emotions, while older generations are more likely to keep it hidden
  - However: normalizing symptoms could be diminishing the seriousness of a disorder



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## **Effects of Proposed Health Care Legislation on Mental Health**

# Proposed Health Care Legislation

## Overall Effects on Mental Illness

- 35% of low-income Medicaid beneficiaries and 13% of non-elderly adult beneficiaries have a chronic mental illness. 25% of Medicaid spending was due to mental illness
- In the US, Medicaid is the single largest source of funding for mental health and substance abuse treatment
- Limiting access to professional support through provisions in coverage just adds to the public health issue of mental illness



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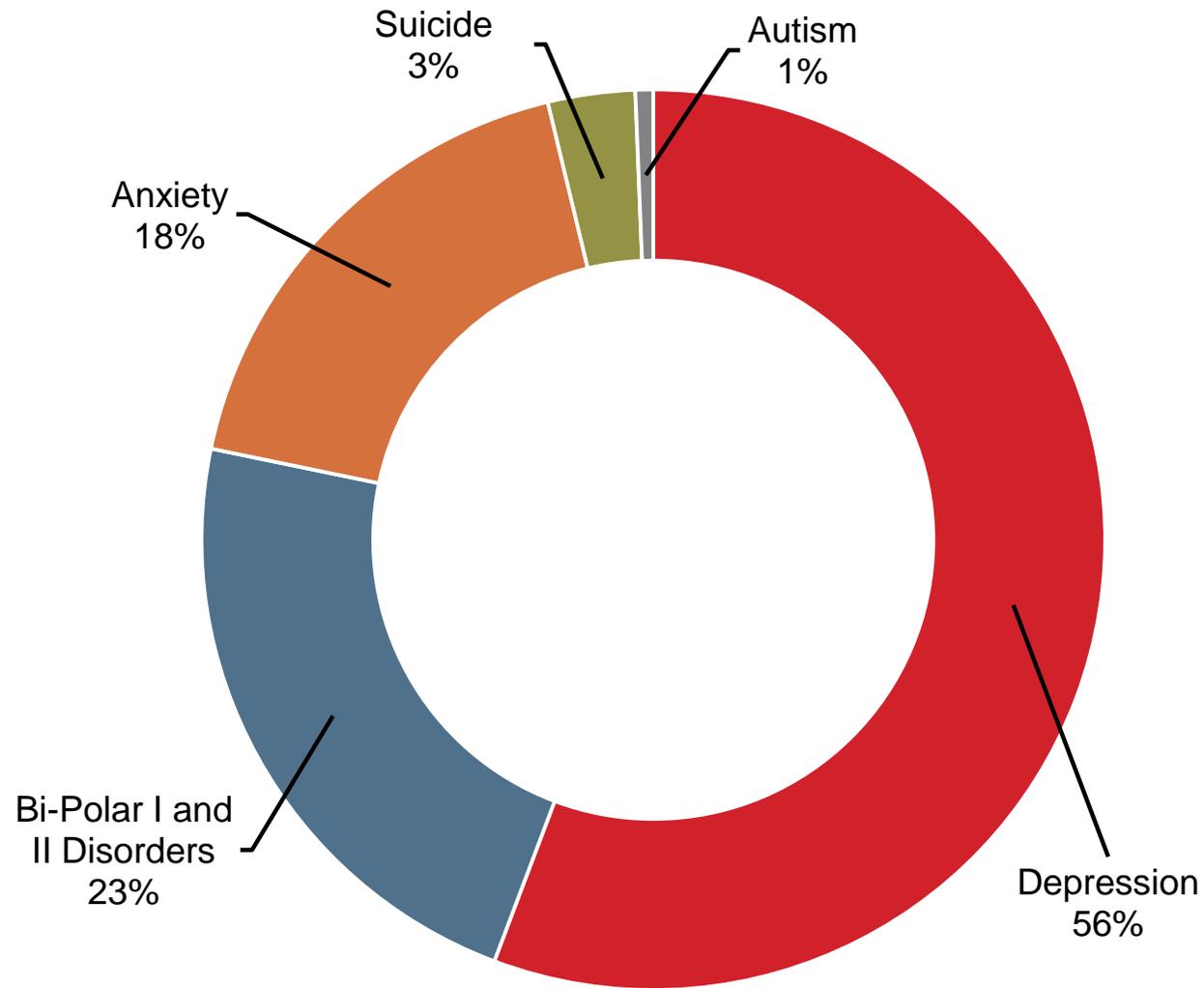
## **RGA Mental Disorders Study**

# RGA Mental Disorders Study

## Overview of Data Set

- 5 main impairments
  - Autism
  - Depression
  - Bi-Polar I and II Disorders
  - Anxiety/Adjustment Disorders/ADHD/PTSD
  - Suicide Attempt/Gesture
  
- 53,527 cases analyzed
  - All case data available with these mental disorders
  - From 2007-2017

# Mental Disorder Prevalence



Impairment	Cases
Depression	29,828
Bi-Polar I and II Disorders	12,054
Anxiety/Adjustment Disorders/ADHD/PTSD	9,635
Suicide Attempt/Gesture	1,669
Autism	341
<b>Total</b>	<b>53,527</b>

# Mental Disorder Ages



# Second Impairments

## Major Trends and Top 10

- 21% of total cases had another mental disorder as a second impairment
- 10% of total cases had a second impairment related to substance/alcohol use

Rank	Second Impairment	Cases
1	None	19,633
2	Anxiety/Adjustment Disorders/ADHD/PTSD	5,169
3	Depression	2,716
4	Alcohol Use	2,347
5	Sleep Apnea	1,753
6	Suicide Attempt/Gesture	1,544
7	Chronic Pain	1,358
8	Overweight	1,345
9	Diabetes Type II	839
10	Drug Use	741

# Conclusion

- Prevalence of Mental Health impairments is not decreasing
- Underwriting Mental Health impairments continues to be challenging
- Complex impairments with significant co-morbidities
- Largely subjective components to assess – focus on ability to function in daily life
- Treatment can help assess severity but can be tricky (i.e. multiple and changing meds may be okay)
- Access to care is impacted by accessibility through medical insurance plans
- Difficulty obtaining information (complete, accurate, current) – what do we know and NOT know
- Social acceptability of discussing and treating mental health issues is improving

# Case Study 1

- Male, age 36, nonsmoker, applying for \$100,000
- Occupation is OB/GYN
- Current labs, build and BP all favorable
- Family history grandfather died of asphyxiation (suicide?)
- Fifteen years ago sought treatment for depression, wanted to lie in bed, weight loss 10-15 lbs, anhedonia, sadness, wished he would die. Was prescribed Imipramine and was discharged from care. He had a leave from medical school at this time.

## Case Study 1 (continued)

- Five years later he had returned during his residency with recurrent symptoms and was prescribed Imipramine again; he was tempted to take phenobarbital but reported he decided against suicide. He took a leave of absence from his residency, tapered off meds within six months and reported doing well.
- Two years later his wife phoned his M.D. and said he was in a tailspin; reportedly suicidal. He was prescribed Imipramine and went into remission, after which meds were tapered again.
- Five years later he had a mild recurrence of depression that responded to one M.D. visit and a few weeks of meds. This was the last documented occurrence of depression and treatment; no further information on this condition in three years prior to application.

Offer?

## Case Study 2

- Male, age 48, nonsmoker, applying for \$200,000
- Occupation is attorney
- Current labs, build and BP all favorable
- Rare alcohol use, no drug use
- Suicide attempt 10 years ago with an aspirin overdose due to marital and job stress; inpatient monitoring for 48 hours and discharged to see a psychiatrist as an outpatient. Psychiatrist saw him and prescribed Paxil 20 mg. He later divorced.

## Case Study 2 (continued)

- Eight years ago during a physical exam he had discontinued Paxil, with history of MVP, WPW – asymptomatic and an echo showed moderate mitral regurgitation.
- Seven years ago he had an episode of transient global amnesia while on vacation/honeymoon in Mexico. An MRI of the brain was normal.

Offer?

## Case Study 3

- Male, age 47, nonsmoker, applying for \$1,000,000
- Occupation is anesthesiologist
- Current labs, build and BP are all favorable
- Twelve years ago noted history of daily cocaine and alcohol use but none since then. Psych APS verified this history. He had been followed by psych and maintained on Wellbutrin 150 md qd and Prozac 40 mg qd. Diagnosis was depressed mood without suicidality.
- Seven years ago diagnosed with obstructive sleep apnea with RDI of 27, oxygen desaturation to 81%. He uses CPAP regularly and reports no problems.

Offer?

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