

## DEPRESSION

### **Overview:**

Depression is a general term used to describe a variety of emotional disorders. Depression is a very common condition and attempts at treatment are more frequent than ever.

Treatment for depression frequently includes counseling and drug therapy. For the most extreme cases, where suicide prevention becomes a key concern for the professional, hospitalization is recommended until the condition can be brought under control. In very rare cases, electric shock therapy (ECT) may be prescribed.

Depression may have organic or environmental origins; or it may be caused by interaction between the two. Organic depression is caused by an imbalance of certain neurotransmitters in the brain and may be treated with drugs that mimic the actions of those neurotransmitters. Environmental origins frequently include job stress, family situations, financial problems, other significant medical history, or even seasonal factors in the northern climates. Treatment includes counseling to resolve the underlying causes of these depression.

### **Impact on Life Underwriting:**

In order to help you with approximate premium expectations prior to formal underwriting, please help us learn more about your client's condition by telling us the type of depression diagnosed, the dates of the first and most recent episodes, and how it is treated. We also need to know if there were hospitalizations and the dates for any of those.

Of key to life underwriting is the likelihood of real suicide attempts. Most people who are depressed will have suicidal thoughts and express them to their doctors, but most individuals do not act on those thoughts, and many APS notes will state that a doctor is not concerned. This is obviously very helpful. If there is a history of hospitalization due to fear of suicide attempts, an application for life insurance will normally be postponed for at least one year after the date of release. Successful treatment with full documentation will be required before life insurance can be considered for such risks.

Bipolar Disorder, formerly referred to as Manic Depression, can often be treated successfully with modern medications. If the proposed insured follows his/her doctor's orders in regard to medical treatment, many individuals can be insured at standard rates or low tables. Some medications used to treat Bipolar Disorder, Lithium for example, can lead to serious side effects if used in high doses over long periods of time. Ratings and declines may result from APSs showing that organ damage is developing as a result of the use of medications to treat this disease.

Lifestyle choices by depressed individuals also account for increased mortality. Some depressed individuals will use of alcohol and/or illicit drugs to self medicate. Such behaviors can lead to medical problems on their own and also increase the likelihood of serious accidents. Chronic current substance abuse with depression usually leads to declines.

A strong cover letter with the application stating how successful the proposed insured is at dealing with the condition via lifestyle adjustments, therapy, and/or drug treatment is always helpful in negotiating for the lowest rates. SB 04/17/2001

<i>Simple reactive mild depression, such as a grief reaction, lasting a few months without chronic pattern of depression.</i>	Standard may be available immediately. Preferred underwriting is often available once the episode of depression has passed.
<i>Reactive moderate depression lasting more than a few months.</i>	Standard may be available after one year. Depending on details contained in APS, a flat extra of \$3/\$1,000 of death benefit may be assessed for the first 2 to 3 years.
<i>Deeper depression or repeated bouts of moderate depression, typically under treatment by a specialist.</i>	Usually postponed until 1 year following most recent episode. Standard is sometimes available following the postponement.
<i>Severe depression; Bipolar Disorder; Manic Depression</i>	Typically declined or postponed until there is good response to treatment. If stable with successful response to treatment, possible standard or low table.



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## DEPRESSION QUESTIONNAIRE

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Insured Name: \_\_\_\_\_  M  F Date of Birth: \_\_\_\_\_  
 Face Amount: \_\_\_\_\_ Max. Premium: \$ \_\_\_\_\_/year  UL  WL  Term  Survivorship  
 Do you currently smoke cigarettes?  Y  N If no, did you ever smoke:  Never  Quit (Date): \_\_\_\_\_  
 Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...):  Y  N  
 If Yes, please provide details: \_\_\_\_\_  
 When did you last use any form of tobacco: \_\_\_\_\_ (Month) \_\_\_\_\_ (Year) Type used last: \_\_\_\_\_

(1) *Date(s) of initial and subsequent episodes of depression:* \_\_\_\_\_

(2) *What specific type of depression has been diagnosed?*

- |   |   |
|---|---|
| <input type="checkbox"/> Bipolar Disorder (mixed)     | <input type="checkbox"/> Dysthymia        |
| <input type="checkbox"/> Bipolar Disorder (manic)     | <input type="checkbox"/> Major Depression |
| <input type="checkbox"/> Bipolar Disorder (depressed) | <input type="checkbox"/> Other: _____     |

(3) *Has the proposed insured been hospitalized for the treatment of depression? If yes, dates:* \_\_\_\_\_

(4) *Please advise of the medications used to treat the condition:*

Name of Medication (Prescription or Otherwise)	Dates used	Quantity Taken	Frequency Taken

(5) *Has the proposed insured been treated with electric shock therapy (ECT)? If yes:*

Date first ECT treatment: \_\_\_\_\_ Date most recent ECT treatment: \_\_\_\_\_ Total No. of ECT treatments: \_\_\_\_\_

(6) *Has the proposed insured had (or been diagnosed with) any of the following conditions:*

- Alcohol abuse? If yes, date of last alcohol use: \_\_\_\_\_
- Drug abuse? If yes, date of last drug use: \_\_\_\_\_
- Personality Disorder? If yes, give date diagnosed & exact name of the condition: \_\_\_\_\_
- Psychotic Disorder? If yes, give date diagnosed & exact name of the condition: \_\_\_\_\_
- Suicidal thoughts? If yes, date of last such thought: \_\_\_\_\_
- Suicide attempt(s)? If yes, date of last attempt: \_\_\_\_\_

(7) *Does the proposed insured have any other medical conditions? If yes, please describe:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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