

PANCREATITIS

Overview:

The pancreas is an elongated, tapered gland that is located behind the stomach. Most of it consists of exocrine tissue which secretes digestive enzymes and hormones (including insulin) into a network of ducts that lead to our intestine where most digestion takes place. The digestive enzymes metabolize food in our intestines, whereas the hormones insulin and glucagon regulate the blood sugar level.

Pancreatitis means inflammation of the pancreas. It can be acute or chronic.

Acute pancreatitis is often caused by gallstones (stones in the bile duct) or alcohol abuse. Viral infection (mumps, for example) or certain drugs can also lead to the condition.

Acute pancreatitis can cause severe damage to the pancreas. Low blood pressure, fluid accumulation in the lower abdomen, and failure of the kidneys, respiratory system, or heart can all have severe consequences. Most bouts of acute pancreatitis are survived and the pancreas gland returns to its normal state. Acute pancreatitis can recur, but frequent recurrences lead to chronic pancreatitis.

Chronic pancreatitis is caused by persistent inflammation of the pancreas, most commonly due to regular alcohol abuse. A condition known as hemochromatosis can also lead to chronic pancreatitis. Heredity is responsible for some rare forms of chronic pancreatitis.

In chronic pancreatitis, the pancreas is irreversibly damaged. A process known as fibrosis, or scarring, leads to a gradual deterioration of pancreatic function. This destruction of the pancreas leads to malnutrition due to the lack of absorption of important nutrients and to diabetes mellitus due to the lack of insulin production. Insulin therapy and oral dietary supplements are required.

There is no specific treatment for pancreatitis. Acute pancreatitis often resolves within a few days. If alcohol is the underlying cause, discontinuing use of that substance should reduce the likelihood from acute pancreatitis becoming chronic.

Impact on Life Underwriting:

Acute pancreatitis due to gallstones or other “one time event” causes are not typically rated for life insurance purposes. The proposed insured must be fully recovered and have been asymptomatic for several weeks. If there is no known cause, excessive alcohol use must be ruled out. Especially several episodes of pancreatitis with no known cause will cause most underwriters to be cautious and suspect alcohol abuse. If alcohol can be eliminated as a possible cause, underwriting can normally proceed on an unrated basis several weeks after a single episode of acute pancreatitis.

Several episodes of acute pancreatitis are often due to a known cause. Underwriting will depend on the underlying cause, and how well it can be controlled. As inflammation of the pancreas can lead to significant problems, many such cases are postponed until the cause of the recurrences can be managed or eliminated.

If alcohol abuse has led to the pancreatitis, no offer can be made immediately following. However, if alcohol treatment and abstinence can be documented, it may be possible to underwrite as soon as 1 or 2 years following the date of last treatment at very high premiums. Lower premiums are available several years out following successful treatment.

Chronic pancreatitis or multiple recent recurrences of pancreatitis are rated primarily based on the underlying condition that is leading to these episodes, as well as how significantly the pancreas is impaired, and how well the condition is controlled via use of dietary supplements and insulin. SB 100901



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PANCREATITIS 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 of first diagnosis:* _____

(2) *Approximate dates of additional episodes of pancreatitis, if any:* _____

(3) *Date of last episode:* _____

(4) *What cause has been diagnosed for the pancreatitis episode(s)?* _____

(5) *Does the proposed insured take any medications or have any been taken in the past?* No Yes; please list in table:

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

(6) *Has any surgery been done?* No Yes; please describe: _____

_____ When? _____

(7) *Does the proposed insured currently consume alcohol? If yes, please describe alcohol usage?* Yes No

(8) *If there is no current alcohol use, indicate approximate date of last alcohol use:* _____

(9) *If there is a past history of alcohol abuse, does the proposed insured attend AA or similar?* Yes No

(10) *Are there any other medical conditions or factors that may be relevant to assessment of the insurability of the individual? If yes:*



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