

DIABETES PRACTICE NOTE

WHAT IS DIABETES?

Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin, or alternatively, when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood sugar. Hyperglycaemia, or raised blood sugar, is a common effect of uncontrolled diabetes and over time leads to serious damage to many of the body's systems, especially the nerves and blood vessels.

Type 1 diabetes (also known as insulin-dependent or childhood-onset) is characterised by a lack of insulin production. Without daily administration of insulin, Type 1 diabetes is rapidly fatal.

Type 2 diabetes (formerly called non-insulin-dependent or adult-onset) results from the body's ineffective use of insulin. Type 2 diabetes comprises 90% of people with diabetes around the world, and is largely the result of excess body weight, physical inactivity and genetic factors.

Gestational diabetes is hyperglycaemia which is first recognised during pregnancy.

Impaired Glucose Tolerance (IGT) and Impaired Fasting Glucose (IFG) are intermediate conditions in the transition between normality and diabetes. People with IGT or IFG are at high risk of progressing to type 2 diabetes, although this is not inevitable.

DIABETES FACTS

The World Health Organization estimates that more than 220 million people worldwide have diabetes.

In 2004, an estimated 3.4 million people died from consequences of high blood sugar.

More than 80% of diabetes deaths occur in low and middle-income countries. They project that without intervention diabetes related deaths will double between 2005 and 2030.

Almost half of diabetes deaths occur in people under the age of 70 years; 55% of diabetes deaths are in women.

Until recently, type 2 diabetes was seen only in adults but it is now also occurring in obese children.

WHAT ARE THE COMMON CONSEQUENCES OF DIABETES?

Over time, diabetes can damage the heart, blood vessels, eyes, kidneys, and nerves.

Diabetic retinopathy is a major cause of blindness, and occurs as a result of long-term accumulated damage to the small blood vessels in the retina. After 15 years of diabetes, approximately 2% of people become blind, and about 10% develop severe visual impairment.

Diabetic neuropathy is damage to the nerves as a result of diabetes, and affects up to 50% of people with diabetes. Although many different problems can occur as a result of diabetic neuropathy, common symptoms are tingling, pain, numbness, or weakness in the feet and hands.

Combined with reduced blood flow, neuropathy in the feet increases the chance of foot ulcers and eventual limb amputation.

Diabetes is among the leading causes of kidney failure. 10-20% of people with diabetes die of kidney failure.

Diabetes increases the risk of heart disease and stroke. 50% of people with diabetes die of cardiovascular disease (primarily heart disease and stroke).

Recent studies show that diabetics are three times more likely to suffer from acute organ failure or early death than non-diabetics (source: <http://www.medpagetoday.com/Endocrinology/Diabetes/4164>).

STANDARD MEDICAL REQUIREMENTS FOR APPLICANTS WITH DIABETES

In all instances we will require the following:

- Medical Examination with microscopic and micro chemical urinalysis – this should provide full details of the client’s history of diabetes as well as their family history. Special attention to the nervous system should also be included as well as 3 blood pressure readings done at 5 minute intervals (including fasting blood sugar).
- HbA1c, Urea & Electrolytes, Fasting Lipid Profile & Microalbumin Screening – these tests provide us with an indication of the client’s current diabetic control.
- Diabetic Questionnaire – completed by the client.
- Diabetic Questionnaire – completed by the client’s Medical Attendant who is treating their diabetes.

Underwriting diabetes

Life Cover – All cases will be rated. Ratings will depend on the client’s current age, years since diagnosis, diabetic control and any additional rating factors e.g. smoking, high blood pressure.

Accidental Death Benefit – Each case will be considered individually – terms may be available.

Accelerated CIC & Waiver of Premium – As above diabetes has numerous complications, most of which are covered critical illnesses or are likely to have an impact on a client’s occupation. These benefits are not available to known Type 1 or 2 diabetics. Terms may be available to clients with Impaired Fasting Glucose/Impaired Glucose Tolerance.

Basic ratings for diabetes – based on the client’s age at application

Age of applicant	Duration since diagnosis	Basic rating	Year to age adjustment	
			Male	Female
Below 18	Less than 5 years	Decline		
	6 -15 years	Decline		
	More than 15 years	Decline		
18 - 29	Less than 5 years	+150% em	+9	+9
	6 -15 years	+175% em	+10	+10
	More than 15 years	+200% em	+11	+11
30 - 49	Less than 5 years	+100% em	+6	+6
	6 -15 years	+125% em	+7	+7
	More than 15 years	+150% em	+8	+8
50 - 59	Less than 5 years	+75% em	+5	+5
	6 -15 years	+100% em	+6	+6
	More than 15 years	+125% em	+7	+7
60 -64	Less than 5 years	+50% em	+4	+4
	6 - 15 years	+75% em	+5	+5
	More than 15 years	+75% em	+5	+5

The above are a guideline of the minimum loading that will apply to an applicant with diabetes.

However, as above, the final decision is also based on numerous other factors including control, compliance of treatment, smoking, family history, associated impairments (e.g. Retinopathy), additional risk factors (e.g. Hypertension).

To calculate the likely **minimum** premium, you illustrate a client who has diabetes by adjusting the age. For a male client born in 1965 who has been diabetic for 3 years, illustrate a year of birth of 1959 to show the potential rated premium. (i.e. a year to age adjustment of 6 is applied so we are making the client appear older) This makes the price look more accurate.