



Rx FOR SUCCESS

Depression and Anxiety Disorders

Mood and anxiety disorders are common, and the mortality risk is due primarily to suicide, cardiovascular disease, and substance abuse. Risk is highest early in the course of the disorder or within 2 years of a hospitalization.

Mood disorders are divided into **Unipolar** (*depression*) and **Bipolar Disorders** (*manic depressive*). **Dysthymia** is chronic low-grade depression that does not meet the criteria for **Major Depression**. Criteria for **Major Depression** require a history of depressed mood or loss of interest or pleasure for at least 2 weeks plus 4 or more of the following: weight change, sleep disturbance, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, difficulty concentrating, or suicidal ideation. To meet the criteria for **Bipolar Disorder**, there must be a history of at least one episode of mania (*abnormal elevated mood*) in addition to the **Major Depression** criteria.

Anxiety disorders include **panic disorders, agoraphobia, social phobia, social anxiety disorder (SAD), simple phobia, generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD)**. Symptoms include worry and nervousness, racing heart, breathlessness, dizziness, sweats, headache, insomnia, and other vague complaints. Depressive disorders often overlap with anxiety disorders, and in the long term, many patients continue to have symptoms. Recurrences are common for both mood and anxiety disorders.

TREATMENTS

The standard treatment of mood disorders includes pharmacotherapy and psychotherapy. While selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) are the mainstay of therapy for both anxiety and mood disorders, other antidepressants (e.g. the older tricyclic group) are also available. More severe cases may require anti-psychotic agents or a noninvasive neuromodulation procedure. Noninvasive neuromodulation uses an electric current or magnetic field to stimulate the brain. These procedures include electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS.) ECT is more effective than TMS but requires sedation.

Some newer, investigational approaches to treating refractory major depression are being used.

Ketamine is an anesthetic drug that can transiently alleviate treatment resistant major depression. Its use for depression is off-label, meaning it has not been approved by the FDA for this indication. Buprenorphine/naloxone (Suboxone) is most commonly used to treat opioid dependence or chronic pain, but is sometimes used (off-label) for resistant depression.

Other noninvasive neuromodulation procedures that are being investigated are magnetic seizure therapy, focal electrically administered seizure therapy, transcranial direct current stimulation, transcranial low voltage pulsed electromagnetic fields stimulation.

Invasive/surgical neuromodulation is used for severe major depression that has not responded to numerous standard treatments over 2 – 5 years. The procedure consists of surgical deep brain stimulation followed by direct cortical stimulation and ablative neurosurgery.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion.

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The underwriter takes historical and current factors into consideration when assessing the risk of someone with a mood disorder. There is usually limited objective data so the underwriter needs to use judgment. Some of the questions that the underwriter answers are:

- How many symptoms did the person initially present with? How many symptoms does the person have now? (refer to Symptom Criteria table below)
- Has the person had more than one episode of a mood disorder?
- Did the person respond to first line treatment drugs?
- Has the person been stable with current treatment or has the medication been adjusted recently?
- Has the person been compliant with the treatment and follow up?
- How many favorable and unfavorable factors does the person currently have? (refer to Favorable and Unfavorable Factors table below)
- Does the person have any history of psychiatric hospitalization? Inpatient or outpatient? Voluntary or involuntary? What was the length of stay?
- Does the person have any history of ECT or TMS treatment, suicide ideation or suicide attempt?
- Does the person have any history of investigational treatment approaches such as Ketamine or other non-invasive or invasive neuromodulation?

SYMPTOM CRITERIA FOR THE DIAGNOSIS OF DEPRESSION

Depressed mood	Loss of interest or pleasure
Low energy or fatigue	Sleep disturbance
Appetite disturbance	Psychomotor disturbance
Decreased concentration or difficulty making decisions	Inappropriate guilt or worthlessness
Thoughts of death or suicide ideation or behavior	

FAVORABLE AND UNFAVORABLE FACTORS TO BE USED IN ASSESSING CLASSIFICATION

FAVORABLE	UNFAVORABLE
Single episode	Recurrent episodes
Diagnosis made >1 year ago	Recent diagnosis
No overt marital or family disharmony	Marital or family disharmony
Actively participating in counseling	Not actively participating in counseling if recommended
Stable occupation	Occupational instability
No criticism of habits	Alcohol/drug misuse
No underlying physical illness	Chronic or disabling health conditions
No family history of mental illness	Family history of mental illness
Stable personality	Behavior disturbance including violence and adverse MVR information
Good social support	Work-related pressures and financial difficulties
Compliant with medications	Self-adjusts medicine or non compliant with medication
Regular but infrequent maintenance follow up care only by a counselor or a primary physician	No regular follow-up care or frequent care and the primary caregiver is a psychiatrist
No history of lost work or school time	History of lost work or school time
No other psychiatric diagnosis	Other psychiatric or personality disorder diagnosis
Age 18 – 65 at time of diagnosis	Age at time of diagnosis >65
No history of moving violations or driving criticism	Multiple moving violations or driving criticism
Use of 1 – 2 psychiatric medications	Use of 3 or more psychiatric medications

UNDERWRITING CONSIDERATIONS FOR MOOD / ANXIETY DISORDERS

Mild	<ul style="list-style-type: none"> • 1 to 4 symptoms from the table above at the time of diagnosis • No current symptoms from the table above • Stable, may currently be taking psychiatric medication • 0 – 2 unfavorable factors from the table above • History of any of the following, more than 3 years ago <ul style="list-style-type: none"> – Suicide ideation or attempt – Psychiatric hospitalization or disability – ECT or TMS procedure – Other neuromodulation procedure—either noninvasive or invasive/surgical – Ketamine or Suboxone treatment • None of the following can be present <ul style="list-style-type: none"> – Current use of an antipsychotic medication and/or MAO inhibitor – Diagnosis of Bipolar Disorder 	Non-rated
Moderate	<ul style="list-style-type: none"> • 5 to 7 symptoms from the table above at the time of diagnosis • Currently experiencing no more than 4 symptoms from the table above • Psychiatric medication dosage was increased within the past year • May be taking an antipsychotic medication • 2 – 4 unfavorable factors from the table above • No suicide ideation within the past 6 months • History of any of the following, more than 3 years ago <ul style="list-style-type: none"> – Psychiatric hospitalization or disability – ECT or TMS procedure – Other neuromodulation procedure - either noninvasive or invasive/surgical – Ketamine or Suboxone treatment • No current use of an MAO inhibitor 	Table B
Severe	<ul style="list-style-type: none"> • 8 to 9 symptoms from the table above at the time of diagnosis • Still experiencing multiple symptoms from the table above • Change in psychiatric medication or additional medication added within the past 6-12 months • 5 or more unfavorable factors from the table above • History of any of the following, more than 1 year ago <ul style="list-style-type: none"> – Psychiatric hospitalization or disability – ECT or TMS procedure – Other neuromodulation procedure - either noninvasive or invasive/surgical – Ketamine or Suboxone treatment • Use of an MAO inhibitor—Referral required 	Table D

Others	<ul style="list-style-type: none"> • Suspicion or history of abuse of anti-anxiety medication • Taking 4 or more psychiatric medications including those used PRN • History of the following within past 12 months <ul style="list-style-type: none"> – Inpatient psychiatric hospitalization or disability – ECT or TMS procedure – Other neuromodulation procedure - either noninvasive or invasive/surgical – Ketamine or Suboxone treatment • Current or recurrent psychiatric disability • Currently psychotic, delusional, manic, or hypomanic 	Decline
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***HISTORY OF SUICIDE ATTEMPT:** The following will be added to the above ratings for a history of suicide attempt(s)

ATTEMPTS	YEARS SINCE ATTEMPT	RATING
Single Attempt	<3	Decline
	3 – 9 years	+55
	>9 years	+0
2 attempts	<5 years	Decline
	5 – 9 years	+100
	>9 years	+0
>2 attempts		Decline

Applicants under age 18, with a history of drug or alcohol abuse, with psychotic conditions, or with frequent panic attacks will be given individual consideration.

To get an idea of how a client with Mood and Anxiety Disorders would be viewed in the underwriting process, use the Ask “Rx”pert Underwriter on the next page for an informal quote.

Ask “Rx”pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Mood and Anxiety Disorders, use this form to Ask “Rx”pert Underwriter for an informal quote.

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has a history of mood or anxiety disorder, please answer the following:

1. Please provide the diagnosis.

2. Please indicate date(s) of episode(s).

3. Is your client on any medications?

- Yes. Please give details. _____
 No

4. Does your client have a history of substance abuse (alcohol or drugs)?

- Yes. Please give details. _____
 No

5. Has your client been hospitalized, required TMS or ECT, been seen in the emergency room, or been on disability for psychiatric symptoms or treatment?

- Yes. Please give details. _____
 No

6. Has your client smoked cigarettes in the last 12 months?

- Yes
 No

7. Does your client have any other major health problems (e.g., cancer, etc.)?

- Yes. Please give details. _____
 No