

SELECCIÓN

VIDA

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MENTAL DISORDERS



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LIFE & ACCIDENT & HEALTH: MAIN EVENTS IN 2017

MENTAL DISORDERS

Mental disorders are a frequent pathology in western countries. They cover a wide range of diseases, among which are included anxiety disorders, bipolar disorder, depression, mood disorders, personality disorders and psychopathies like schizophrenia. Next we will address some of the most frequent of them, with some practical pricing examples.

SCHIZOPHRENIA

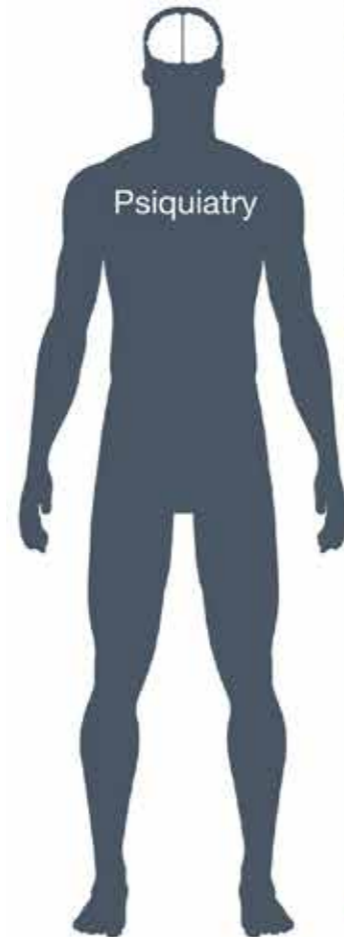
La Schizophrenia is a mental disorder framed within psychotic disorders. It is a serious mental illness that affects brain functions. People affected by this disease may present a distortion of thought, perception and emotions, have a loss of contact with reality and suffer auditory hallucinations. They could also present some other symptoms like delirium, strange ideas, social isolation, depression and/or irritability. It should be noted that not all affected people present all the symptoms, and there is no symptom that by itself is characteristic of this disease.

It's estimated that the prevalence of suffering from this disease is around 1% of the population. Symptoms usually start at adolescence or at the beginning of adulthood. Nowadays, the cause that triggers schizophrenia it's still unknown, although it may be related to a combination of environmental and genetic factors in people who might be predisposed to develop this psychiatric disorder. The use of drugs like cocaine, cannabis or amphetamines may trigger a psychotic disorder in predisposed people.

The disease could evolve differently in each case, from a complete remission to long-term progression with remissions and exacerbations. Nowadays, we may achieve symptoms control and patients clinical stability with effective pharmacological treatment (antipsychotics, neuroleptics).

SCHIZOPHRENIA

Hearing voices is much more common than seeing, feeling, tasting, or smelling things which are not there. These voices are usually nasty or persecutory and can cause the sufferer enormous distress.



Symptoms of schizophrenia usually start between ages 16 and 30. In rare cases, children have schizophrenia too.

Because the causes of schizophrenia are still unknown, treatments focus on eliminating the symptoms of the disease.

The symptoms of schizophrenia fall into three categories:

Psychotic behaviors

Hallucinations.
Delusions.
Thought disorders.
Movement disorders.

Negative symptoms

"Flat affect" (reduced expression of emotions via facial expression or voice tone).
Reduced feelings of pleasure in everyday life
Difficulty beginning and sustaining activities
Reduced speaking

Cognitive symptoms

Poor "executive functioning".
Trouble focusing or paying attention.
Problems with "working memory".



PRACTICAL CASE

34-year-old candidate, diagnosed with schizophrenia four years ago, related to a psychotic outbreak manifested by delusions and auditory hallucinations. He has started neuroleptic treatment remaining stable and having a normal working and social life.

In this case, the life insurance could be guaranteed with a + 25% surcharge, since we are in the upper part of the temporal range (five years). Disability and accident guarantees would be postponed, and work temporary incapacity would be refused.

RISK CLASSIFICATION SCHIZOPHRENIA

SINGLE EPISODE

| TIME SINCE THE LAST EPISODE | LIFE | DISABILITY/ACCIDENT INSURANCE. | SHORT-TERM DISABILITY |
|-----------------------------|--------------|--------------------------------|-----------------------|
| < 2 years | Postponement | Postponement | Decline |
| 2-5 years | +25% to 50% | Postponement | Decline |
| > 5 years | Standard | +25% to 50% | Decline |

MORE THAN ONE EPISODE

| TIME SINCE THE LAST EPISODE | LIFE | DISABILITY/ACCIDENT INSURANCE | SHORT-TERM DISABILITY |
|-----------------------------|-----------------|-------------------------------|-----------------------|
| < 3 years | Postponement | Postponement | Decline |
| 3-10 years | +100% to 300% | Postponement / +100% | Decline |
| > 10 years | Standard / +50% | Standard / +50% | Decline |

Taken from DAVINCI risk selection tool



ANOREXIA NERVOSA

Anorexia is an eating behavior disorder causing weight loss due to the patient's own image distortion, leading to starvation.

Anorexia is characterized by a fear of gaining weight and by a distorted and delirious perception of one's body, which causes the patient to perceive him/herself abnormally obese despite being slim. For this reason, patients with anorexia nervosa progressively reduce their weight through prolonged fasting and reduced food intake. Patients are afraid of weight gain and /or obesity, even though

their weight might be below the recommended body mass index.

Other typical features such as irritability, depression and emotional or personality disorders are added to the symptoms described. There is also an altered feeling of satiety, feeling full even before meals, nausea, bloating or even lack of sensations.

The cause of anorexia nervosa is unknown. Social and sociocultural factors are involved, although it is likely that a part of the population has a greater biological predisposition to suffer from this disorder. It is more frequent in the female sex and is usually triggered in adolescence.

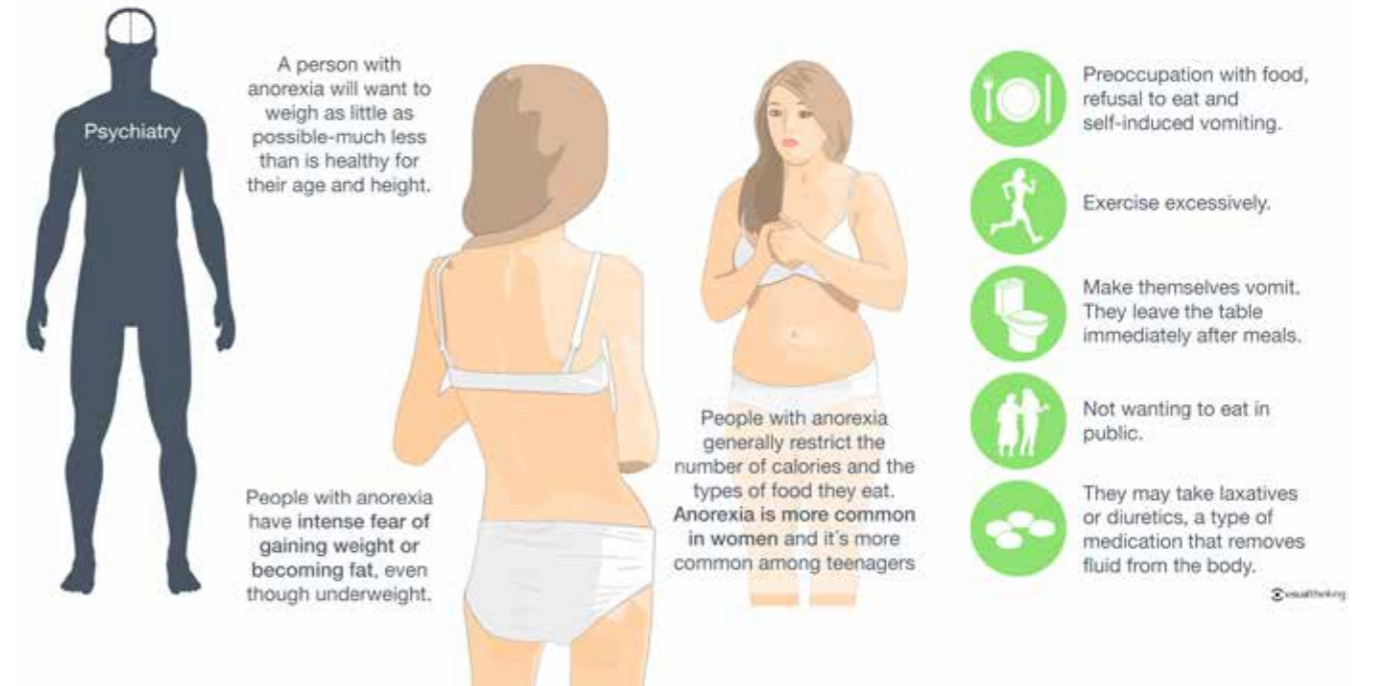
CASO PRÁCTICO

42-year-old female candidate, diagnosed of anorexia more than 20 years ago, followed up by Psychiatry since then. Her clinical report includes three autolytic attempts, the last one three years ago. At present, she

has been ten months with incomplete recovery and her weight is 45 kg / 99,208 lbs-pounds. In this case we would reject all the guarantees due to previous suicide attempts.

ANOREXIA NERVOSA

The main symptom of anorexia is deliberately losing a lot of weight.



RISK CLASSIFICATION ANOREXIA NERVOSA

| | LIFE | DISABILITY | ACCIDENT INSURANCE | SHORT-TERM DISABILITY INSURANCE |
|---|----------|------------|--------------------|---------------------------------|
| Complete recovery without psychiatric alterations | Standard | Standard | Standard | Decline |
| Incomplete recovery, lasting > 1 year or age > 30 years | +300% | Decline | Decline | Decline |
| History of suicide attempts or with a minimum weight <38 kg | Decline | Decline | Decline | Decline |

Extraído de la herramienta de selección de riesgos DAVINCI

DEPRESSION

Depression is a common illness worldwide, with more than 300 million people affected. This disease results from complex interactions among social, psychological and biological factors. It has been observed that people who have undergone adverse life situations (unemployment, mourning, psychological trauma) are more likely to suffer from depression. On the other hand, depression may generate more stress and anxiety, worsening the life of the affected person.

The most characteristic symptoms of depression are: lack of interest in daily activities, emotional decay, lack of energy, fatigue, thoughts of death or suicide, insomnia or oversleep. In addition, it may be associated with other physical or psychological symptoms such as: headache, widespread pains, digestive and sexual disorders, and / or anxiety.

Depressive episodes may be classified as mild, moderate or severe, depending on the number and intensity of the symptoms.

DEPRESSION

Depression isn't the same as sadness, loneliness or grief caused by a challenging life experience, such as the death of a loved one.

Symptoms

- Sadness
- Irritability or frustration
- Loss of interest
- Sleep disturbances
- Tiredness and lack of energy
- Reduced appetite
- Anxiety
- Slowed thinking
- Trouble concentrating
- Frequent or recurrent thoughts of death

Not everyone who is depressed experiences every symptom

Some people experience only a few symptoms while others may experience many

RISK CLASSIFICATION DEPRESSION

LIFE INSURANCE

| | | |
|--|------------------------------|----------------------------------|
| Reactive depression of less than 3 months duration | Standard | |
| Depression over a year ago and currently without treatment | Individualize | |
| Current depression or antidepressant-anxiety medication | High capital Postponement | Medium or small capitals +50% |
| Hospitalization due to depression | Decline | |

DISABILITY, ACCIDENT INSURANCE AND SHORT-TERM DISABILITY INSURANCE

Decline

Taken from DAVINCI risk selection tool

PRACTICAL CASE

41-year-old candidate with a one year history of depression coinciding with the death of his partner. His depression lasted six months and did not require hospital admission. He provides a psychiatric report indicating he is currently asymptomatic and he is not under any

antidepressant treatment. Level of cover purchased: 80,000 €. In this case, we would only ensure the guarantee of life without surcharge. Additional guarantees would have to be postponed for two years and then study the case again with clinical reports detailing his evolution.

SUICIDE ATTEMPT

Suicidal thoughts, also known as suicidal ideation, are thoughts about how to kill oneself.

Signs that you or someone is having serious thoughts of suicide include:

- Vocalizing that you wish you weren't alive
- Avoiding social contact and wanting to stay away from others
- Preparing for suicide, such as acquiring a weapon or researching methods of suicide
- Using excessive amounts of alcohol or drugs
- Showing signs of anxiety or getting upset over minor things
- Wanting to give away your possessions or treating people as if you might not see them again.

The majority of people who experience suicidal ideation do not carry it through.

Psychiatric factors linked to a higher risk of suicidal ideation include:

- Anorexia nervosa.
- Bipolar disorder.
- Borderline personality disorder.
- Major depressive disorder.
- Panic disorder.
- Post-traumatic stress disorder.
- Schizophrenia.
- Substance abuse.

SUICIDE ATTEMPT

As we have seen, depression is sometimes associated with suicidal ideation. In these cases, a special pricing must be made,

which depends on whether there has been a suicide attempt or a clear intentionality of suicide.

RISK CLASSIFICATION SUICIDE ATTEMPT

LIFE INSURANCE

| | | |
|--|------------------------------|----------------------------------|
| Reactive depression of less than 3 months duration | Standard | |
| Depression over a year ago and currently without treatment | Individualize | |
| Current depression or antidepressant-anxiety medication | High capital Postponement | Medium or small capitals +50% |
| Hospitalization due to depression | Decline | |

DISABILITY, ACCIDENT INSURANCE AND SHORT-TERM DISABILITY INSURANCE

Decline

Taken from DAVINCI risk selection tool

LIFE & ACCIDENT & HEALTH MAIN 2017 EVENTS

Among one of the several activities carried out by Nacional Re Life & Accident & Health Department during 2017, we highlight two of them:



THE FIRST INTERNATIONAL TECHNICAL CONFERENCE OF NACIONAL RE

The first international seminar, held on may in Lisbon, with more than 50 managers and professionals of the Portuguese market.

Alongside the Life & Accident & Health Team, the Chief Executive Officer (Mr. Pedro Herrera), the Head of International Department (Mr. David Santos) and the Senior Client Manager in charge of the Portuguese Market (Ms. Cristina Casals) also participated in the event. Finally, the Medical Adviser (Mr. Pedro Gargantilla) played an important part in the seminar.

By means of this conference, NR aim to share our ac-



cumulated expertise throughout many years, providing training and contributing to a better and more fruitful business development.

DAVINCI 3.0: THE LATEST UPDATE OF THE LIFE & ACCIDENT UNDERWRITING TOOL OF NACIONAL RE

This new version includes a manual for Temporary Disability. Therefore, the 217 previously considered diseases on the Web Manual include (in addition of Death, Permanent Disability and Accident) this new coverage. The cholesterol variant has also been included, the rate for the guarantee of I.L.T. in the "Life NR" automatic feeder and a new simplified diabetes feeder, including the valuation of the guarantee of I.L.T. for this pathology. Finally, the number of diseases taken into consideration for the Quick Guide of Temporary Disability (former 1001 diseases for TD) has been doubled.



SELECCIÓN

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