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Depression

Introduction

This month we will be concentrated on Depression as a disorder and how it affects the underwriting of individual life risks. In our next newsletter we will discuss Anxiety and Panic Attacks.

Depression is a disorder that affects thoughts, moods, feelings, behavior, and physical health. Depression is not a weakness and it isn't something that can be treated on its own. Depression is a medical disorder with a biological and chemical basis.

Sometimes a stressful life event triggers depression. At other times it occurs with no identifiable specific cause. Depression is much more than just grieving or a bout of the so-called blues. Depression may occur only once in a persons life, often though it occurs as repeated episodes over a lifetime, with periods free of depression between episodes. In some individuals it is a chronic condition requiring ongoing treatment over a lifetime.

People of all ages and races suffer from depression. Medications are available that are generally safe and effective even for the most severe forms of depression. With proper treatment most people with serious depression improve. Often within weeks and they can return to normal daily activities.

Signs and Symptoms

Two symptoms are key to establishing the diagnosis of depression:

- 1) loss of interest in normal daily activities
- 2) a depressed mood ~ people will feel sad, hopeless, and have crying spells.

Several signs need to be present for at least 2 weeks in order for a diagnosis of depression:

- 1) **Sleep disturbances** ~ These can either be sleeping too much or waking up in the middle of the night unable to get back to sleep.
- 2) **Impaired thinking or concentration.**
- 3) **Changes in weight, agitation, fatigue, and slowing of body movements**
 - 4) **low self esteem**
 - 5) **less interest in sex**
 - 6) **thoughts of death**

Depression can cause a wide variety of physical complaints such as gastrointestinal problems, headache, and backache. Many with depression will also have symptoms of anxiety. Children, teens, and older adults may react differently to depression. In these groups symptoms may take different forms or may be masked by other conditions. Kids may pretend to be sick, perform poorly in school, worry a parent is going to die, or refuse to go to school. Additionally they may exhibit behavioral problems. Older people may be more willing to discuss the physical manifestations of depression instead of the emotional difficulties.

Types of Depression

Major Depression: This type of mood disturbance last more than two weeks. Symptoms may include overwhelming feelings of sadness and grief, loss of interest or pleasure in activities that one might enjoy and feelings of worthlessness and or guilt. This type of depression may result in poor sleep, changes in appetite, fatigue, and concentration. Severe depression may increase the risk of suicide.

Dysthymia: Dysthymia is less severe but a more chronic form of depression. Signs and symptoms are not as disabling as in Major Depression. Having Dysthymia places an individual at increased risk of developing major depression.

Adjustment disorders: These come about as a consequence of a life stressor such as job loss, death of a loved onem, diagnosis of cancer etc. Most people come to terms with the lasting consequences of life stressors, but some do not. This is what is known as an adjustment disorder. Adjustment disorders can be acute or chronic (lasting more than 6 months). Doctors classify adjustment disorders based on the primary signs and symptoms of depression and anxiety.

Bipolar disorder: Having recurrent episodes of depression and elation (mania) is characteristic of bipolar disorder. Because the condition involves emotions at both extremes (poles) it is called bipolar disorder. Mania will affect judgment causing unwise decisions and have increased productivity during the manic phase. The number of episodes of either extreme may not be equal.

Seasonal affective disorder (SAD): Seasonal affective disorder (SAD) is a pattern of depression related to changes in seasons and the lack of exposure to sunlight. It may cause headaches, irritability, and low energy level.

Causes

There is no single known cause for depression. The illness often runs in families. Some experts will argue that it is a genetic vulnerability combined with environmental factors such as stress or physical illness. This may trigger an imbalance of brain chemicals called neurotransmitters resulting in depression. Imbalances in three neurotransmitters –serotonin, norepinephrin, and dopamine seem to be linked to depression. It is not totally certain if the changes in the neurotransmitters are a cause or result of depression.

Factors that contribute to depression include; heredity, stress, medications (some drugs that are used to control Blood Pressure), and sleeping pills. Illnesses would include chronic illnesses such as Heart Disease and Alzheimer's. Having an under active thyroid, even mildly, can cause depression. Certain personality traits such as low self esteem, being overly dependent, and self-critical can make one more vulnerable to depression. Postpartum depression can affect some new mothers.

Hormones: Women experience depression about twice as much as men, which leads researchers to believe in hormonal factors.

Alcohol and Drug abuse: It used to be thought that use of alcohol and drugs by depressed people was a form of self-medication. However the use of these substances may actually contribute to depression and anxiety disorders.

Complications

Depression affects all age's and races. Twice as many women experience depression as men. However while more women attempt suicide than men, more men are actually successful. The rate of actual suicide is 4 times greater for men. Men over the age of 70 are the most likely to commit suicide. Men are more likely to use a gun or rope. Gender differences may also be related to hormonal differences and different levels of neurotransmitters.

Treatments:

The development of newer anti depressant medications and mood stabilizing drugs has improved the treatment of depression. Medications can relieve symptoms. Treatment may also include psychotherapy, which may help to cope with ongoing problems that may trigger or contribute to depression. In the cases of severe depression initial treatment is usually with meds or electro convulsive therapy. Once some improvement has occurred, psychotherapy can be more effective.

Depression is usually treated in two stages. The first is acute treatment with meds to help relieve symptoms. The second state would be maintenance therapy for a period of four to nine months to prevent a relapse. Episodes of depression recur in the majority of people who have one episode however, continuing treatment greatly reduces the risk of rapid relapse.

Medications:

Selective Serotonin Reuptake (SSRs): Doctors often consider selective serotonin reuptake inhibitors such as Prozac, Paxil ,Zoloft, Celexia, and Lexapro as the first line of treatment for depression because they have fewer serious side effects. They appear to work by increasing the availability of the neurotransmitter serotonin in the brain. Others in the category would include Wellbutran and Effexor. The tricyclic and tetracyclic anti depressants also affect the neurotransmitters but by a different mechanism. These meds include Remeron, Vivactil, Norpramin, and Pamelor.

MAO s: Such as Nardil Parnate prevents the breakdown of neurotransmitters. Because of potential serious side effects if combined with certain meds and or foods doctors rarely use them unless other options have failed. Lithium, Depekene, and Depakote Tegretol are such treatments for bipolar depression. These tend to stabilize moods. It can take eight to twelve weeks for the full effects of anti depressant to be felt.

Other forms of treatment: These can include Psychotherapy and Electro convulsive therapy. While Electro convulsive therapy conjures up all sorts of images it is generally safe and effective. Experts are not exactly sure how this form of therapy relieves the signs and symptoms of depression. This form of therapy is used for those who don't respond to meds and are at a high risk of suicide.

Light Therapy: This is used for Seasonal Affective Disorder (**SAD**). This uses a specialized type of bright light in the morning hours to suppress production of melatonin.

Underwriting

Generally carriers will not rate the mild forms of depression such as dysthymic disorders and adjustment disorders - **SAD** if they have been effectively treated and well followed. Both Gen Re and Swiss Re will rate where there are adverse factors such as psychotic behavior and or recent hospitalization within one to two years. These may be rated up to 4 tables or postponed if the event was recent. Suicide attempts are postpone for one year and after that are treated with a flat

extra for the next 5 years of \$7.50/m plus the base table rating. Swiss Re is a bit more conservative with postpartum depression for example. They will rate those 2 tables within a year of onset. Gen Re will not if there are no real adverse factors.

With regard to preferred ratings Swiss Re will allow preferred if the original diagnosis indicated mild depression and there is no evidence of bipolar disorder. Secondly there has been no treatment for over 5 years. Finally with age of onset was between 30 - 65 and no other psych disorders.

For many of your applicants with a history of depression Standard is going to be possible. In some cases where the history is older, preferred will be possible. With the development of far more effective medications depression has become better managed clinically. Underwriting ratings have improved over the past 10 years significantly. As more experience is gained ratings may improve further.

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