



Emergency Room: Stroke...

By Kathy J. Carlson, Executive Vice President & Chief Operating Officer / United Underwriters, Inc.

According to the American Heart Association, about 600,000 people suffer stroke every year. 100,000 are recurrent strokes. Stroke is the third leading cause of death in the US, the leading cause of disability, and the second leading cause of dementia.

Stroke occurs when part of the brain is unable to get sufficient oxygen. This happens when a blood clot blocks a blood vessel or when a blood vessel ruptures or leaks. During stroke, some brain cells die off resulting in loss of control of those functions controlled by the affected area of the brain. This loss can be reflected in impaired movement, perception, speech, memory, or some other mental or bodily function.

Stroke Symptoms

Sudden numbness or weakness of the face, arm or leg, especially on one side of the body

Sudden confusion or trouble speaking or understanding speech

Sudden trouble seeing in one or both eyes

Sudden trouble walking, dizziness or loss of balance or coordination

Sudden severe headache with no known cause

In ischemic stroke, which occurs in about 75% of cases, a blood clot forms in, or travels to, a blood vessel in the brain causing a blockage. Most people survive this type of stroke. In transient ischemic attacks (TIAs), there is inadequate blood flow to the affected area of the brain. TIAs are often referred to as mini-strokes and are often viewed as a warning of an impending ischemic stroke. The hemorrhagic stroke results in blood flowing into the brain from a ruptured aneurysm or a leaking blood vessel. Pressure on the brain increases, impeding normal blood circulation and destroying brain cells. About 80% of these strokes result in death.

The most critical controllable factor for stroke is blood pressure. According to the National Stroke Association, risk can be decreased 36% to 42% just by lowering and controlling blood pressure. Other controllable risk factors include

a sedentary life style, obesity, smoking, diabetes, elevated cholesterol, use of cocaine or other street drugs, heavy alcohol consumption, certain medications, and stress.

There are also several risk factors that cannot be controlled. Risk increases with age and African Americans and Hispanics are at greater risk. While stroke is more common in men, at older ages more women suffer strokes than men. Women are also more apt to die of stroke than men. A family history of stroke increases risk, as does a previous history of stroke. A quarter of all stroke victims suffer a second stroke within five years.

Imaging tests, such as the CT and MRI scans, are used to diagnose the type and location of stroke while numerous other tests are used to determine the extent of the damage. The underwriter will use the results of these tests to properly underwrite the case.

Underwriting stroke can be difficult due to the different types, the severity, and the residual impairments. Each case is very different and should be properly shopped prior to submitting an application to ensure the best placement. When underwriting for life insurance, a mild TIA may result in a standard rating while a stroke with residuals and related ongoing problems could result in a highly rated case.

For long term care cases, a standard issue usually requires that there are no residuals and that it has been at least five years since the stroke. Cases involving residual impairment or strokes that occurred within five years will normally be declined.

General Recovery Guidelines National Stroke Association

10 percent of stroke survivors recover almost completely

25 percent recover with minor impairments

40 percent experience moderate to severe impairments requiring special care

10 percent require care in a nursing home or other long-term care facility

15 percent die shortly after the stroke