



by Donald Victorson, CLU

UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
"NO."

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say
"YES."

POLYCYSTIC KIDNEY DISEASE (PKD)

PKD is a generic disorder characterized by the growth of numerous fluid filled cysts in the kidneys. PKD cysts can slowly replace normal kidney tissue, leading to a reduction in kidney function, and eventually to kidney failure.

PKD is the fourth leading cause of kidney failure, called End Stage Renal Disease, requiring dialysis or kidney transplantation.

PKD can also cause cysts in the liver, and problems in other organs including the heart, blood vessels, and the brain.

PKD is an inherited disorder that is passed from one generation to the next by an affected parent, although a significant number of spontaneous cases are being recorded. PKD seems to afflict equally, both men and women, regardless of age, race or ethnic origin.

At present PKD has no known cure. All treatment is directed at relieving the symptoms.

In the early stages of PKD there are generally no symptoms at all. Often the first sign of trouble is high blood pressure, blood in the urine, a feeling of heaviness or pain in their back, sides, or abdomen, or urinary tract infection and/or kidney stones.

Pain may be treated with medication and surgery. In case of severe pain, surgery to shrink cysts can bring relief, however surgery provides only temporary relief, and does not slow the disease's progression towards kidney failure.

Antibiotics are used to treat urinary tract and bladder infections. Unfortunately, if the infection spreads to the cysts in the kidneys they can be extremely difficult to treat.

With PKD, proper treatment of

blood pressure is extremely important in slowing the progress of the disease.

Eventually, dialysis and kidney transplantation become necessary with failed kidneys. Fortunately, healthy kidneys transplanted into PKD patients do not seem to develop cysts.

To properly evaluate a client's insurability you must ask the following important questions:

When and how was the client diagnosed with PKD?

In many cases the cysts are discovered while testing for another condition. Frequently however, abnormal lab findings such as blood in the urine lead to the diagnosis.

Are the kidney functions still normal?

In the early stages of the disease the kidney functions remain normal. As the disease progresses however, the kidneys begin to deteriorate. This is reflected in abnormal lab findings, particularly in the BUN and creatinine readings.

Does the client have high blood pressure?

High blood pressure contributes to and accelerates the development of cysts if it is not under good control.

What medications is the client taking?

Pay special attention to any medication being taken for hypertension. Record carefully the names and dosages of all medications being taken.

Any indication of early kidney failure?

Anyone exhibiting symptoms of End Stage Renal Disease is probably uninsurable even if the disease has not progressed far enough to require dialysis or kidney transplantation.

Interestingly, after successful kidney transplantation the client is once again insurable, although probably on a highly rated basis.