



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."

Peptic Ulcer

A peptic ulcer is a sore or hole in the lining of the stomach, esophagus, or duodenum (the first part of the small intestine). People of any age can get an ulcer, and women are affected just as often as men.

The stomach produces acid and pepsin to digest food. Ulcers occur when the body's natural defenses break down. The acid and pepsin then injure the normal tissue that lines the upper gastrointestinal tract.

Most ulcers are caused by an infection with the bacterium, *Helicobacter Pylori*, and can be cured in just a few weeks with antibiotics, however other factors that contribute to ulcer formation include: family history, drug abuse, steroids, aspirin, anti-inflammatory drugs, and alcohol.

Treatment of Peptic Ulcer Disease

In ancient times powdered coral, seashells, or chalk were used to treat the symptoms long before it was recognized that peptic ulcer disease was causing the pain.

In the late 19th century Leube treated his peptic ulcer patients by starving them for seven days with no food or water. Unfortunately, many of his patients died. Psychotherapy became popular in the mid 20th century as a treatment for peptic ulcers. Meantime surgery remained the primary means of dealing with peptic ulcers.

Beginning in the 1970's histamine blockers (Tagamet, Zantec, Pepcid) as well as proton pump inhibitors (Prilosec, Prevacid) have proven to be very effective in healing ulcers. Antacids are widely used as well. Unfortunately, none are a cure and the relapse rate is extremely high.

Treatment of the *Helicobacter Pylori*

(HP) bug with a "cocktail" of drugs is today the most effective treatment available. Unfortunately, the HP bug is highly resistant to treatment and is not easily eradicated. With proper medical care the bug can be eradicated quickly if not effortlessly.

IN ORDER TO EVALUATE THE PROSPECT'S INSURABILITY YOU NEED TO ASK THE FOLLOWING IMPORTANT QUESTIONS:

When was the client first diagnosed and what medication is the client currently taking?

Is the client self-medicating with non-prescription medications, or is a qualified clinician treating him properly?

Has the client required surgery to treat their condition?

If surgery was performed, when was the surgery done, and have any of the symptoms of peptic ulcer re-appeared?

UNDERWRITING PROGNOSIS

With proper treatment, peptic ulcer disease should not present underwriting difficulties. A single episode with no current symptoms can probably be issued Standard.

Multiple or prolonged episodes will most likely call for a modest rating initially. After one or two years symptom free these too should be Standard.

Since surgery is employed today only in the most severe cases, ratings are likely to be somewhat higher. After two years, likely standard except in the most difficult cases, frequently involving complications following surgery.