



Multiple Sclerosis

Multiple Sclerosis (MS) is a chronic or recurrent progressive disease of the central nervous system. Typical onset is between the ages of 20 - 50 years. It is twice as common in women.

The cause of MS is unknown but there is growing evidence that it may result from a combination of genetic, environmental and immunologic factors.

- First-degree relatives of someone with MS face a 3-5% risk of developing MS themselves.
- MS is more frequent in areas that are distant from the equator.
- It has been speculated that a viral infection initiates the MS process, followed by an autoimmune response in a genetically predisposed host, but this is not clear.

The pathological condition in MS is nerve demyelination (*loss of the protective covering around a nerve*). Symptoms develop as nerve conduction slows and then fails completely. The typical attack is relatively sudden in onset, persists for 3 to 12 weeks then clears.

Type of Involvement	Symptoms Reported by Patient
Motor	Weakness
Sensory	Numbness
Visual	Blurring, double vision
Vestibular	Light-headedness
Genitourinary	Incontinence

Psychiatric and cognitive disturbances are common in MS. Up to 20% of patients experience a major depression, which typically responds to traditional drug therapy. Memory and attention deficits also occur.

The following clinical presentations are very suggestive of MS:

- **Optic neuritis (inflammation of the optic nerve):** frequently the first manifestation of MS. Within 2 years of an attack of optic neuritis, the risk of MS is approximately 20%, and within 15 years, up to 80%.
- **Internuclear Ophthalmoplegia:** weakness of the eye muscles.
- **Lhermitte's sign:** an electric or shock-like sensation going down the arms, back, or lower trunk when the neck is flexed.

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Common tests done in evaluation of MS include: brain MRI, spinal tap to study spinal fluid proteins and immunoglobins, and measurement of sensory nerve conduction (*called evoked response*).

Classically, MS has a relapsing-remitting pattern. There are periods of remissions and exacerbations that occur at unpredictable intervals over a period of several years with initial episodes tending to resolve completely. It is the accumulated burden of multiple attacks that causes persistent symptoms.

There is no cure for MS. Treatment is directed against the underlying disease process and toward alleviating symptoms. Common medications are steroids, interferon, and glatirimer acetate. Drugs to control bladder function, spasticity, and depression may be necessary.

The course of the disease is remarkably variable, but overall, MS is a progressive disorder. The median time from onset to difficulty with ambulation is about 15 years. 15% have primary progressive disease from onset; 30-50% start with relapsing-remitting pattern and then enter a secondarily progressive phase. The remaining 15% have "**benign multiple sclerosis**" which is slowly progressive with no disability 20 years after onset.

Our underwriting guidelines, absent other impairments are as follows:

"*Suspected*" MS or a single, mild attack with full recovery will be rated:

- Table C if within 2 years of the attack
- Table B if 3-4 years from the attack
- non-rated after 4 years.

Multiple attacks of definite MS with minimal residual impairment will be rated:

- Table G if within 2 years of the last attack
- Table E if 3-5 years from last attack
- Table C if 6-10 years from last attack
- non-rated after 10 years from last attack

If the degree of severity is more than minimal, the rating will increase and decline is likely on the most severe cases.

To get an idea of how a client with a history of multiple sclerosis would be viewed in the underwriting process, feel free to use the *Ask "Rx" per underwriter* on the reverse side for an informal quote.

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