



Depression and Anxiety Disorders

Mood and anxiety disorders are common, and the mortality risk is due primarily to suicide, cardiovascular disease, and substance abuse. Risk is highest early in the course of the disorder or within 2 years of a hospitalization.

Mood disorders are divided into **Depressive Disorders** (*unipolar*) and **Bipolar Disorders** (*manic depressive*). **Dysthymia** is chronic low-grade depression that does not meet the criteria for **Major Depression**. Criteria for **Major Depression** require a history of depressed mood for at least 2 weeks plus 4 or more of the following: weight change, sleep disturbance, psychomotor agitation or retardation, fatigue, feelings of worthlessness or guilt, difficulty concentrating, or suicidal ideation. To meet the criteria for **Bipolar Disorder**, there must be a history of at least one episode of mania (*abnormal elevated/irritable mood*) in addition to the **Major Depression** criteria.

Anxiety disorders include **panic disorders, agoraphobia, social phobia, social anxiety disorder (SAD), simple phobia, generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD)**. Symptoms include worry and nervousness, racing heart, breathlessness, dizziness, sweats, headache, insomnia, and other vague complaints. Depressive disorders often overlap with anxiety disorders, and in the long term, many patients continue to have symptoms. Recurrences are common for both mood and anxiety disorders.

Drug therapy (with or without counseling) is effective in treating most individuals. The mainstay of therapy for both anxiety and mood disorders is antidepressant drugs. For more severe cases, electroconvulsive therapy (*ECT*) or anti-psychotic agents may be required. If anxiety is present, treatment may include benzodiazepines and buspirone. Benzodiazepines are addictive and underwriting caution is necessary, especially in those prone to substance abuse. Bipolar disorder (*manic depression*) is usually treated with Lithium.

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Underwriting considerations for adults with Mood and Anxiety Disorders

Mild	No suicidal ideation for 1yr, able to perform normal activities with minimal symptoms on 0-1 medication (no antipsychotic agent), rare anxiety attacks, no ECT for >19yr, no hospitalization/suicide attempts/disability for >9yr	Non-rated
Moderate	No suicidal ideation for 6months, able to perform normal activities with minimal-moderate symptoms on 0-3 medications (no antipsychotic agent), single episode of disability (of short duration), no hospitalization/ECT/suicide attempts for >9yr	Table B
Severe	Significant symptoms, requires antipsychotic medication, long episode(s) of disability, single suicide attempt, ECT/hospitalization(s)	<ul style="list-style-type: none"> <input type="checkbox"/> Declined within first yr of recovery. <input type="checkbox"/> 2nd-3rd yr – Table D-F <input type="checkbox"/> 4th-5th yr – Table B-D <input type="checkbox"/> 6th-9th yr – Table B-C <p>Higher rating for those with multiple severe episodes</p>

Applicants under age 18, with a history of drug or alcohol abuse, with psychotic conditions, with multiple suicide attempts, or with frequent panic attacks will be given individual consideration.

To get an idea of how a client with Mood and Anxiety Disorders would be viewed in the underwriting process, feel free to use the *Ask "Rx" pert underwriter* on the next page for an informal quote.

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