Obesity

Underwriting Dialogue

Characteristics

We are frequently reminded of the continuing obesity epidemic, which affects more than one third of adults in the United States. Obesity is commonly measured by the body mass index (BMI), which is weight in kilograms divided by height in meters squared. Obesity is defined as a BMI of at least 30 kilograms per square meter. One is considered to be overweight if the BMI is at least 25 but less than 30.

Obesity is associated with increased mortality and with the development of many conditions, some of which include hypertension, cardiovascular disease, cerebrovascular disease, dyslipidemia, obstructive sleep apnea, type 2 diabetes, several types of cancer, and nonalcoholic fatty liver disease.

Obese applicants without other vascular risk factors, who are sometimes referred to as the metabolically healthy obese, will be discussed in a subsequent issue.

Underlying contributors to obesity can include genetic, behavioral, environmental, and metabolic factors, use of some medications (such as corticosteroids, some diabetes medications, and some psychiatric medications), and some underlying medical conditions (such as hypothyroidism).

Treatment

Treatment modalities for obesity include lifestyle modification, medications, and surgery. Weight loss surgery, which is also known as bariatric surgery, results in greater weight loss than the other modalities. The most commonly performed bariatric surgical procedures in this country are laparoscopic adjustable gastric banding, sleeve gastrectomy, and Roux-en-Y gastric bypass.

Laparoscopic adjustable gastric banding, which has become less popular over time, is a reversible procedure which uses an inflatable band to reduce the effective size of the stomach. Sleeve gastrectomy removes a large part of the stomach. Roux-en-Y gastric bypass both reduces the effective size of the stomach and allows food to bypass some of the small intestine. Of the three procedures, gastric banding tends to produce the least amount of weight loss and Roux-en-Y gastric bypass the most.

Weight loss can result in improvement of many of the impairments associated with obesity. In general there tends to be gradual regain of lost weight over time, which is why you might see half of recently lost weight added back during the underwriting process. Over time, people who have had bariatric surgery tend to gain back less of the weight lost than those who use other modalities. Pregnant applicants are assessed based upon their pre-pregnancy weight.

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Applicant 1 is a 65 year old applicant with a history of obesity, type 2 diabetes and obstructive sleep apnea who underwent Roux-en-Y gastric bypass three years ago. The current build is Preferred Plus, glucose and HbA1C levels have normalized since the surgery, and a recent sleep study showed mild sleep apnea.
This applicant could qualify for Standard Plus.

Applicant 2 is a 40 year old applicant with a history of obesity who lost fifty pounds with exercise and diet and whose weight has been stable for just over one year. There are no other medical issues and the current build is two tables.
This applicant would qualify for Two Tables.

Applicant 3 is a 30 year old applicant whose build is eight tables, who experiences excessive fatigue, and who has recently fallen asleep while driving. The doctor has recommended a sleep study, but the applicant does not believe it is necessary.
This applicant would be declined.

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