

# REFERENCES

## Underwriting Obstructive Sleep Apnea

### IMPAIRMENT

### REVIEW FOR

### THE MONTH

By R.K. Illango, MD



**Dr. R.K. Illango**  
VP and Medical Director

Meet Dr. R.K. Illango. R.K. comes to us with 20 years of medical underwriting experience. He most recently was VP and medical director with North American Health and Life.



**Tom Sima**  
SVP & Chief Underwriter

Meet Tom Sima our SVP & chief underwriter. Tom has 36 years of brokerage underwriting experience and most recently served as VP and chief underwriter with State Life.



"How do you underwrite sleep apnea?" is a frequently asked question and one that is not easily answered.

Sleep apnea is the cessation of breathing during sleep. Most cases of sleep apnea are caused by obstruction of the upper airway (OSA); it can also be central due to neurological or brain malfunction. Most patients with sleep apnea are obese and have hypertension. Even though snoring is a common complaint, snoring alone is not sleep apnea. Observed apnea and daytime sleepiness associated with snoring would indicate a high likelihood of OSA. Morality is mainly due to cardiac disorders, cerebrovascular disease and related accidents.

Symptoms often include daytime sleepiness, intellectual deterioration, headache and memory loss. Associated disorders that are often present with OSA include hypertension, coronary artery disease (CAD), obesity, cerebrovascular disease (CVD). Severe sleep apnea causes pulmonary hypertension, congestive heart failure and nocturnal arrhythmia.

Nocturnal polysomnography (sleep study) is the gold standard for diagnosing sleep apnea. In the absence of a sleep study, cases can only be evaluated by symptoms, often resulting in higher ratings and/or postponements.

#### A sleep study records several parameters:

**Apneas and hypopnea.** Apnea is cessation of breathing for 10 seconds or longer. Hypopnea is markedly shallow breathing resulting in a drop in the oxygen saturation (hypoxia).

**Oxygen desaturation.** The degree of lack of oxygen in the blood and the duration of low oxygen is a critical factor.

**Arousals.** Waking-up as determined by EEG, are caused by the difficulty in breathing and periodic leg movements.

**Level of sleep.** Stages I and II are light sleep, stages III and IV are deep sleep and REM sleep is sleep during which the mind is active (dream) but the body is paralyzed. Adequate deep and REM sleep are essential for normal function. Those with sleep apnea get very little deep sleep or REM sleep.

**Leg movements.** Leg movement during sleep can be severe enough to cause disturbed sleep.

**Mean sleep latency.** An average adult requires 10 or more minutes to fall a sleep during the day. A mean sleep latency of less than five minutes is considered abnormal.

The overall aim in evaluating a sleep study is to determine the extent of sleep deprivation and the degree and duration of lack of oxygen in the blood.

#### OSA therapies that are effective in relieving symptoms and reducing mortality risk are:

**Weight loss.** A loss of 10 percent of weight will eliminate apneic events in most patients.

**Continuous Positive Airway Pressure device (CPAP).** It is not well tolerated; therefore, compliant use is a key factor. BIPAP (bilevel CPAP) delivers air at varying pressure for better tolerance.

**Surgery.** Up to 50 percent of the time may improve OSA. Tracheotomy cures OSA.

**Abstaining from sedatives and alcohol.** Refraining from these may improve sleep apnea.

Favorable factors that can result in ratings of OSA as good as **standard plus** are weight loss and life style modifications, corrective surgery, sleep study and appropriate monitoring of therapy, absence of CAD, CVD, diabetes, pulmonary disorders, and reduction of symptoms.

Unfavorable factors that result in higher ratings and/or declinations are lack of sleep study in the presence of hypersomnolence or observed apnea, poor follow-up on information, poor compliance with therapy, continued use of sedatives and alcohol and the presence of pulmonary or vascular disorders.

As you can see underwriting sleep apnea can be very complex. However, with thorough documentation competitive ratings are often available with some cases priced as good as **standard plus**.

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