



## Rx FOR SUCCESS

## Glomerulonephritis

Glomerulonephritis (GN) is an inflammatory disease of the glomeruli (filtering unit) of the kidney. It is characterized by pathologic changes in the glomeruli and smaller blood vessels of the kidney. Glomerular damage causes leaking of protein, blood, and white cells into the urine. Causes of GN include diabetes mellitus, cancer, drugs, infections, hypertension, or abnormal antibody response (immunologic).

Primary or secondary GN is subdivided into 5 major syndromes based on the clinical course:

1. **Acute glomerulonephritis** (acute GN) has an acute onset and early resolution. An example is post streptococcal GN. Most recover completely.
2. **Rapidly progressive glomerulonephritis** (RPGN) has an acute onset and rapid progression. Examples include lupus erythematosus and Goodpasture's disease (GN and lung disease). Prognosis is poor.
3. **Nephrotic syndrome** is GN with heavy proteinuria defined as over 3.5 grams of protein a day. Examples include membranous GN and minimal change disease. Of this group, minimal change disease has a better prognosis.
4. **Primary hematuria/proteinuria syndrome** is persistent, asymptomatic minimal hematuria (RBC's in urine) and proteinuria (protein in urine), for example IgA nephropathy.
5. **Chronic glomerulonephritis** (chronic GN) is slowly progressive GN due to any cause of GN such as membranoproliferative GN. Chronic GN leads to chronic renal failure.

As noted above, most with acute GN recover completely. Chronic progressive GN may have a slow course to kidney failure. Kidney failure results in death. Treatment with dialysis can postpone mortality by several years. Kidney transplantation has a better prognosis if there is no rejection of the transplanted kidney.

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**UNDERWRITING CONSIDERATION ABSENT ANY OTHER SIGNIFICANT DISEASE**

ACUTE GLOMERULONEPHRITIS		
Single attack with full recovery	1st year	\$5x2
	2nd year	\$5x1
	thereafter	non-rated
With persistent hematuria only (over 30 red blood cells)		Table B
Persistent proteinuria, hypertension, or impaired renal function		Decline
MINIMAL CHANGE DISEASE		
Confirmed by biopsy, full recovery	1st year	Table D
	2nd year	Table C
	3rd year	Table B
	thereafter	non-rated

Other types of GN are rated depending on the pathological (biopsy) diagnosis and the current urinalysis, kidney function tests (BUN and creatinine), and blood pressure. The range is Table E to Decline.

For example:

PHYSICAL FINDINGS	DIAGNOSIS	RATING
Current normal urine, BUN and creatinine; BP under 130/85; urine protein/creatinine ratio under 0.3	IgA nephropathy	Table E
	Membranoproliferative GN	Table H
Current normal creatinine and BUN; BP under 150/90; protein/creatinine ratio under 1.5	IgA nephropathy	Table H
	Membranoproliferative GN	Table H
If BUN and creatinine are elevated, BP poorly controlled or urine protein/creatinine ratio over 1.5	Any glomerulonephritis	Usually Declined

To get an idea of how a client with Glomerulonephritis would be viewed in the underwriting process, use the Ask "Rx"pert Underwriter on the next page for an informal quote.

**Ask “Rx”pert Underwriter (Ask Our Expert)**

After reading the *Rx for Success* on Glomerulonephritis, use this form to Ask “Rx”pert Underwriter for an informal quote.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has a history of Glomerulonephritis, please answer the following:

**1. Please note type of Glomerulonephritis.**

\_\_\_\_\_

**2. Please list date of first diagnosis.**

\_\_\_\_\_

**3. Was a kidney biopsy done?**

☐ Yes. Please give date and diagnosis. \_\_\_\_\_

☐ No

**4. Is your client on any medications?**

☐ Yes. Please give most recent test results. \_\_\_\_\_

☐ No

**5. Please provide the client's most recent readings for:**

☐ Blood Pressure \_\_\_\_\_

☐ BUN \_\_\_\_\_

☐ Creatinine \_\_\_\_\_

☐ Urinalysis \_\_\_\_\_

**6. Has your client smoked cigarettes in the last 12 months?**

☐ Yes. Please give details. \_\_\_\_\_

☐ No

**7. Does your client have any other major health problems (e.g., diabetes, etc.)?**

☐ Yes. Please give details. \_\_\_\_\_

☐ No