



Rx FOR SUCCESS

Chronic Obstructive Pulmonary Disease (COPD)

Chronic obstructive pulmonary disease (COPD) is a degenerative disorder of the lungs in which there is a reduced ability to expire air. COPD includes chronic bronchitis and emphysema. Asthma may lead to chronic obstructive disease of the lungs as well.

Symptoms include dyspnea (shortness of breath), coughing (often productive of sputum), and recurrent bouts of bronchitis. The physician may hear decreased breath sounds or abnormal lung sounds, such as wheezing and rattles (rhonchi).

Most cases of COPD are related to cigarette use (past or current). However, not all who smoke get COPD. Obstructive lung disease develops in 10-15% of all cigarette smokers, and individuals who continue to smoke are likely to sustain a more rapid progression of the disease than non-smokers.

The most accurate method of diagnosing COPD is the pulmonary function test known as a spirometry (a measurement of the amount of air exhaled into a tube). FEV1 is the maximum amount of air exhaled during the first second of a forced exhalation. The average non-smoking adult shows a decline in FEV1 of 20–25 ml per year whereas the average heavy smoker declines 40–45 ml per year.

In underwriting, COPD is classified as minimal, mild, moderate, severe, and extreme. The chart below helps define each group of COPD by symptoms, medication, and FEV1 as a percentage of expected normal.

DEGREE	SYMPTOMS	TREATMENT	FEV1	RATING
Minimal	Asymptomatic, normal exercise tolerance, no chronic oral medications, stable CXR with no more than minimal interstitial markings	None	FEV1 is $\geq 80\%$ and stable for ≥ 2 years	No rating
Mild	No more than occasional throat clearing or respiratory infection	None	60% — 80%	Table B
Moderate	Dyspnea with moderate exertion such as climbing two flights of stairs	Inhaler	50% — 60%	Table D
Severe	Dyspnea with mild physical activity such as dressing or walking one block	Steroids, multiple medications	40% — 50%	Table G
Extreme	Disabled, dyspnea at rest or with minimal activity	Home oxygen	< 40%	Decline

No adverse action is taken when the only mention of COPD is found on a chest X-ray report.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion. This marketing material is subject to an expiration date, and use of this material must be discontinued as of the expiration date.

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Bring Your Challenges[®]

Ask “Rx”pert Underwriter (Ask Our Expert)

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

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has a chronic pulmonary (lung) disease, please answer the following:

1. Type of lung disease:

- ☐ Chronic Bronchitis
- ☐ Emphysema
- ☐ Restrictive Lung Disease
- ☐ Asthma

2. Please list date when first diagnosed: _____

- ☐ No

3. Has your client ever been hospitalized for this condition?

- ☐ Yes. Please give details. _____
- ☐ No

4. Has your client ever smoked?

- ☐ Yes, and currently smokes _____ (amount/day)
- ☐ Yes, smoked in the past but quit _____ (date)
- ☐ Never smoked

5. Is your client on any medications (include inhalers)?

- ☐ Yes
- ☐ No

6. Have pulmonary function tests (a breathing test) ever been done?

- ☐ Yes, please give most recent test results _____
- ☐ No

7. Please note client's build:

Height _____ Weight _____

8. Does your client have any abnormalities on an ECG or x-ray?

- ☐ Yes. Please give details. _____
- ☐ No

9. Does your client have any other major health problems (ex: heart disease, etc.)?

- ☐ Yes. Please give details. _____
- ☐ No