



Rx FOR SUCCESS

Parkinson's Disease

Parkinson's disease is a chronic disorder of the central nervous system, which usually appears in patients after age 45. Parkinsonism is characterized by four main clinical features: tremor; rigidity; stiffness; and slowness of movement. Tremor at rest is typical of Parkinsonism and is abolished or reduced by voluntary movement. The affected limb frequently shows rigidity, experienced as a resistance to passive movement. A Parkinson's patient may experience difficulty in performing simple tasks, such as buttoning a shirt. As the manifestations of this disease gradually become more severe, the Parkinson's patient tends to assume a stooped posture and walks with a slow, shuffling gait, and, in time, will develop a generalized slowness of all body movements. This disease becomes progressively disabling with the passage of years. The cause of Parkinson's disease is unknown.

Drug therapy improves the signs and symptoms but does not halt or reverse the disease. Unfortunately, drugs used to treat Parkinsonism have significant side effects and, after several years of treatment, the drugs' effectiveness declines. The long-term course of Parkinsonism is progressively downhill. Progressive dementia occurs in one-third to one-half of patients, and they are less tolerant of medication.

There is an increased mortality with Parkinson's disease over the general population. If there is gait disturbance, the mortality is higher.

Underwriting considerations are based on which stage of the disease is present with Stage I being early/mild disease. Age of onset of Parkinson's disease before age 50 will carry a higher mortality risk.

Stage I	Unilateral involvement
Stage II	Bilateral involvement but normal stance
Stage III	Bilateral involvement with mild postural imbalance, but able to lead an independent life
Stage IV	Bilateral involvement with postural instability; requires substantial help
Stage V	Severe disease; restricted to bed or wheelchair

Mean survival with treatment is 9 to 15 years. Mortality occurs from injuries, aspiration, or infections.

Stage I, II or very slowly progressive	Table B*
Stage III, or moderately progressive with no dementia	Table C to D*
Stage IV, or rapidly progressive over several years	usually decline
Stage V, or dementia present	usually decline

*The rating will be 2 to 3 classes higher if the age of onset is under 50 years old. For example: a 60-year old with mild, only slowly progressive disease and no gait abnormality would be rated Table B.

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

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.

Life insurance issued by The Prudential Insurance Company of America and its affiliates, Newark, NJ.

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Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Parkinson's Disease, 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 Parkinson's Disease, please answer the following:

1. Please list date of diagnosis.

2. Please note the functional stage of the client currently.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Stage I | Unilateral involvement |
| <input type="checkbox"/> Stage II | Bilateral involvement but normal stance |
| <input type="checkbox"/> Stage III | Bilateral involvement with mild postural imbalance but able to lead an independent life |
| <input type="checkbox"/> Stage IV | Bilateral involvement with postural instability; requires substantial help |
| <input type="checkbox"/> Stage V | Severe disease; restricted to bed or wheelchair |

3. Has there been any evidence of progression?

- Yes. Please give details. _____
- No

4. Is your client on any medications?

- Yes. Please give details. _____
- No

5. Please note if any of the following have occurred (Check all that apply.).

- | | |
|--|---|
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Recurrent infections |
| <input type="checkbox"/> Memory problems | <input type="checkbox"/> Falls |
| <input type="checkbox"/> Aspiration | <input type="checkbox"/> Recurrent injuries |
| <input type="checkbox"/> Depression | |

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., cancer, etc.)?

- Yes. Please give details. _____
- No