



Peptic Ulcer Disease

The treatment of ulcers has changed dramatically in the past two decades. With better identification of the causes and use of new medications, peptic ulcers typically respond to medical treatment. Surgical treatment is now rare. Ulcers occur when there is disruption of the protective lining of the inner stomach or when aggressive factors (like stomach acid) are increased. There are numerous contributing causes to ulcers, the most common of which are bacterial infection or the use of non-steroidal anti-inflammatory medicines or both. Cigarette smoking, alcohol use, and steroids are also contributors. Less than 1% of the total cases are due to Zollinger-Ellison Syndrome (Z.E.). Z.E. is caused by tumors in the pancreas gland, called gastrinomas, which secrete increased levels of gastrin and results in an over production of stomach acid leading to recurrent gastric ulcers. Medical treatment (including avoiding causative agents, blocking acid production, and antibiotics if required) will cure most ulcers. Multiple recurrences may be due to Z.E.

Gastric ulcers are occasionally due to a malignant tumor which ulcerates. Therefore, endoscopy (looking into the stomach) and biopsy (taking a piece of the tissue) should be done and the ulcer watched closely to insure that it heals completely. Ulcers that show no healing after 12 weeks may require surgery.

Duodenal ulcer is a chronic recurrent disease which is diagnosed by x-ray or endoscopy. The usual clinical course is spontaneous healing and recurrence. 60% will recur within 1 year and 50-90% in the second year. Duodenal ulcer therapy relieves symptoms and hastens healing. Surgery is only required for complications, such as bowel perforation (ulcer goes through the duodenal wall) or obstruction

Underwriting Considerations for ulcer disease:

- o Duodenal Ulcer
One or two episodes well followed without complication, resolved 0*
- o Gastric Ulcer
One or two episodes, biopsy negative for cancer resolved 0*
One or two episodes, biopsy negative for cancer unresolved 55*
- o Higher ratings may apply for:
 - o more than 2 episodes
 - o complications such as “dumping syndrome” or obstruction

For example, a past history of gastric ulcer which has been successfully treated with no recurrence would be considered non-rated.

To get an idea of how a client with Peptic Ulcer Disease would be viewed in the underwriting process, feel free to use the Ask “Rx” *per underwriter* on the reverse side for an informal quote.

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Peptic Ulcer Disease - Ask "Rx" pert underwriter
(ask our experts)

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

If your client has a history of Peptic Ulcer disease, please answer the following:

- ① Please list date of first diagnosis: _____
- ② Please note how the ulcer was treated:
 - Medications only, please give details _____
 - Surgery only, please give date and type of surgery?

 - Was repeat surgery required? _____
 - Both
- ③ Have there been any recurrences or more than one episode?
 - yes, please give details _____
 - no
- ④ Is your client on any other medications?
 - yes, please give details _____
 - no
- ⑤ Has your client smoked cigarettes in the last 12 months?
 - yes
 - no
- ⑥ Does your client have any other major health problems?
(ex: cancer, etc.)
 - yes, please give details _____
 - no

After reading the *Rx for Success* on "Peptic Ulcer Disease" please feel free to use this *Ask "Rx" pert underwriter* for an informal quote.

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