



Rx FOR SUCCESS

Systemic Lupus Erythematosus (SLE)

SLE is an autoimmune disorder. It affects 16,000 new cases annually; mostly young women. Typical symptoms and findings include:

• Facial “butterfly” rash	• Kidney disorder (proteinuria)
• Other skin lesions	• Neurologic disorder (seizures, psychosis)
• Photosensitivity	• Blood disorder (low blood counts)
• Oral ulcers	• Immunologic disorder
• Arthritis	• Positive antinuclear antibody (ANA)
• Pleuritis or pericarditis (inflammation of the lining of the lung or heart)	• Positive blood test for other immune system disorder

The presence of four of the above is 96% sensitive and specific for the diagnosis.

The clinical course of SLE is variable and marked by remissions and exacerbations. A flare up of disease activity can be precipitated by infections, physical or emotional stress, sunlight, surgery, pregnancy, and certain medications. Like rheumatoid arthritis, SLE is treated by a variety of potentially toxic medications. Common medications include non-steroidal anti-inflammatory agents, anti-malarials (such as Plaquenil), prednisone, cyclophosphamide (Cytoxan), and azathioprine (Imuran).

The overall survival rates from the time of diagnosis have been improving and the 10 year survival is about 90%.

The risk of life-threatening complications is greatest in the first 5 years from onset. Causes of death are infections, clotting and cardiovascular complications, cancer, active lupus and lupus damage to various organ systems, and atherosclerosis.

SLE can also be drug induced but the signs and symptoms of lupus should reverse on removal of the drug. The following medications are noted for this adverse reaction: hydralazine, procainamide, practolol, penicillamine, isoniazid, and dilantin. **Drug induced lupus** is typically milder and has less complications and less renal disease.

Discoid lupus is a limited disease with superficial skin involvement only. It has no systemic features, although a small number of cases have been known to develop into systemic lupus.

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.

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The rating for SLE depends upon the severity of disease, type of treatment, and length of time since diagnosis.

Present, current evidence of disease but minimal progression, over age 40	Within one year of diagnosis	R
	2nd to 3rd years	Table G
	4th to 5th years	Table E
	After five years	Table C
In remission, no evidence of disease and no medications, age over 40	Within one year of remission	Table D
	2nd to 3rd years	Table B
	After three years	0
For age 20 and younger	Decline	
For age 21-40	Add 2 to 3 Tables	
If client is age under 20, has disability, or has neurologic, psychiatric or internal organ involvement, case is declined		

Discoid lupus only will be rated Table B if present or within 1st year of diagnosis and non-rated thereafter. Drug induced lupus which has resolved is not rated.

To get an idea of how a client with a history of Systemic Lupus Erythematosus (SLE) 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 Systemic Lupus Erythematosus (SLE), 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 Lupus, please answer the following:

1. Please list date of first diagnosis.

2. Please note type of lupus diagnosed.

- Systemic lupus erythematosus (SLE)
- Discoid lupus
- Drug induced SLE

3. Is your client on any medications?

- Yes. Please give details. _____
- No

4. Please note if the lupus is:

- In remission (list date of last exacerbation.) _____
- Currently present

5. Please check if your client has had any of the following:

- Low blood counts
- Lung involvement (pleuritis)
- Proteinuria
- High blood pressure
- Neurologic disorder
- Heart involvement (pericarditis)
- Renal insufficiency or failure

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

- Yes
- No

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

- Yes. Please give details. _____
- No