



Diabetes Mellitus Classification

Diabetes Mellitus (*DM*) is a group of disorders characterized by hyperglycemia (*that is, high blood sugar*). Factors that contribute to hyperglycemia include reduced insulin secretion, decreased blood sugar (*glucose*) usage by the body, or increased glucose production. Chronic hyperglycemia adversely affects the body. In the vascular system, there can be cardiovascular disease such as strokes and heart attacks. There can also be renal disease, peripheral neuropathy, and blindness. In the United States, *DM* is a leading cause of end stage kidney disease, leg amputations, and blindness.

The two broad categories of *DM* are type 1 and type 2. Blood sugar enters cells via the action of insulin, which is a hormone produced by the beta cells of the pancreas. Type 1 *DM* is due to beta cell destruction so that no insulin is produced and must be replaced by insulin injections. Type 2 *DM* is a group of disorders characterized by 1) variable degrees of resistance to the action of insulin, 2) impaired insulin secretion by the beta cells, or 3) impaired glucose production.

Older terminology for diabetes is obsolete: insulin dependent diabetes mellitus (*IDDM*) and noninsulin dependent diabetes mellitus (*NIDDM*). While type 1 (*IDDM*) must be treated with insulin, type 2 may also require insulin in the later stages. Also, age is no longer used as a distinction. While most type 1 *DM* develops before age 30, it occasionally occurs at later ages. Conversely, type 2 *DM* usually develops over the age of 30, but its incidence is increasing in children and adolescents, especially those who are obese.

The classification of the diabetes mellitus guides treatment and affects long term prognosis. Type 1 is treated with insulin. Type 2 is initially treated with diet and exercise. If decreased calorie intake and increased exercise does not result in blood glucose control, oral medication is added. Some oral medications include: sulfonylureas (*Diabinese, Tolinase, Diabeta*), alpha-glucosidase inhibitors (*Precose, Glyset*), thiazolidinedione (*Avandia, Actos*), metformin (*Glucophage*), and repaglinide (*Prandin*).

Diabetes is a progressive disease which can be slowed by meticulous control of blood sugar. Diabetes control is monitored by testing glycohemoglobin in the blood. The American Diabetes Association considers normal glycohemoglobin as a value of ≤ 6 . Values of 7 to 9 are acceptable control and > 9 is poor control.

Rating for diabetes mellitus depends on 1) years since diagnosis, 2) control of the diabetes, and 3) presence of complications. Ratings increase with years present, poor control, or complications.

See prior Rx for Success issue on diabetes mellitus Part 1 (Rx #12), Part 2 (Rx #13), Older Age Diabetes (Rx #65).

To get an idea of how a client with a history of diabetes would be viewed in the underwriting process, please feel free to use the attached Ask "Rx" *pert underwriter* for an informal quote.

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Diabetes Mellitus Classification - Ask "Rx" pert underwriter
(ask our experts)

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

If your client has diabetes, please answer the following:

- ① Please list date when first diagnosed: _____
- ② How often does your client visit their physician? _____
(also note date of last visit)
- ③ The client's diabetes is controlled by:
☐ diet alone
☐ oral medication _____ *(medication & doses)*
☐ insulin _____ *(amount of units/day)*
- ④ Is your client on any other medications?
☐ yes, please give details _____
☐ no
- ⑤ Please give the most recent blood sugar reading _____
- ⑥ Does your client monitor their own blood sugar? _____
- ⑦ If available, please give the most recent glycohemoglobin (HbA1c) or fructosamine level

- ⑧ Please check if your client has had any of the following:

<input type="checkbox"/> chest pain or coronary artery disease	<input type="checkbox"/> overweight
<input type="checkbox"/> protein in the urine	<input type="checkbox"/> elevated lipids
<input type="checkbox"/> neuropathy	<input type="checkbox"/> kidney disease
<input type="checkbox"/> retinopathy	<input type="checkbox"/> black out spells
<input type="checkbox"/> abnormal ECG	<input type="checkbox"/> hypertension
- ⑨ Has your client smoked cigarettes in the last 12 months?
☐ yes
☐ no
- ⑩ Does your client have any other major health problems (ex: cancer, etc.)?
☐ yes, please give details _____
☐ no

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