



# Rx FOR SUCCESS

## Epilepsy

Epilepsy (seizure disorder) is a neurological disorder resulting from abnormal electrical activity of the brain. Epilepsy may be acquired or idiopathic. Epilepsy is termed idiopathic if there is no evidence of an organic brain lesion. Causes of acquired epilepsy include genetic and birth factors, infection, toxins, alcohol withdrawal, trauma, circulatory disorders, metabolic disorders, tumors, and degenerative disease. A febrile seizure is an episode that occurs with a high fever. In children under age 5, febrile seizures have no medical consequence. However, a febrile seizure can be the first epileptic attack in those children who have a family history of epilepsy and experience the initial seizure after age 5.

SEIZURE TYPE	PATTERN	DEFINITION
Complex Partial Seizure	Partial/ Localized	Also called psychomotor seizure or temporal lobe seizure. These are behavior seizures where involuntary movements occur along with loss of consciousness.
Tonic-Clonic Seizure	Generalized	Characterized by loss of consciousness and rhythmic, generalized involuntary contractions and relaxation of muscles.
Absence Seizure	Generalized	Episode characterized by a brief lapse of consciousness that may be so fleeting that the affected person may be unaware of the seizure.
Simple Partial (Myoclonic) Seizure	Partial/ Localized	Characterized by involuntary contractions of muscles of the extremities, trunk, or face without loss of consciousness.

A number of drugs are available and can control most seizures, and many epileptics must take these medications throughout their lives. All drugs, however, have some side effects. Certain drugs are preferred for the control of particular seizure types and some epileptics must take more than one medication to control their seizures. If someone has been seizure-free for a certain amount of time, often four years, the physician and patient may decide to discontinue medication for a trial period.

Features associated with a poorer prognosis include seizures not well controlled with medication, poor compliance with their treatment plan, need for hospitalization or surgery, and continued use of alcohol in alcohol-related seizures. **Status epilepticus** is a severe form of seizures that is characterized by frequent, generalized convulsions and failure to regain consciousness between attacks, which requires hospital admission. **Metabolic brain disease** is a term used when systemic disease such as kidney failure, liver failure, electrolyte abnormality, or low blood sugar can cause brain dysfunction including seizures. The life risk in these seizures depends on the underlying condition.

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**UNDERWRITING CONSIDERATIONS**

<b>EPILEPSY WITHOUT ANY OTHER SIGNIFICANT IMPAIRMENT IS RATED AS FOLLOWS</b>	
Complex Partial (Consciousness Impaired) Generalized Tonic-Clonic	<b>Schedule A</b>
Generalized Absence Simple Partial (Consciousness Not Impaired)	<b>Schedule B</b>
Metabolic Brain Disease Status Epilepticus	<b>Schedule C</b>

<b>EPILEPSY SCHEDULE</b>	<b>UNDERWRITING TABLE</b>
<b>Schedule A</b> Adequately investigated, well controlled, on treatment Within 6 months of diagnosis Within 2 years of last seizure 3rd through 5th year After 5th year Any mental deterioration or personality changes, or more than 6 seizures per year	Postpone Table D Table B Non-rated Decline
<b>Schedule B</b> Within 2 years of last seizure After 2 years	Table B Non-rated
<b>Schedule C</b> Within 5 years After 5 years	Usually decline Individual consideration
<b>Febrile Seizures</b> Under age five, not more than two isolated attacks, no family history of seizure disorder, normal development, no sequelae Others, epilepsy suspected	Non-rated Refer to Epilepsy Schedule A

*To get an idea of how a client with Epilepsy 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 Epilepsy, 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 Epilepsy, please answer the following:

**1. Please list date of first diagnosis/type of seizure.**

\_\_\_\_\_

**2. Please note the type of seizure.**

- Complex/Partial Seizure
- Tonic-Clonic Seizure
- Absence Seizure
- Myoclonic Seizure

**3. Please indicate the number or frequency of episodes and date of last episode.**

\_\_\_\_\_

**4. Is your client on any medications?**

- Yes. Please give details. \_\_\_\_\_
- No

**5. Has your client been hospitalized for treatment of epilepsy?**

- Yes. Please give details. \_\_\_\_\_
- No

**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., heart disease, etc.)?**

- Yes. Please give details. \_\_\_\_\_
- No