



## Rx FOR SUCCESS

## Pediatric Neuropsychiatric Disorders

**Neuropsychiatry** is the study of psychiatric and behavioral conditions that are likely due to organic abnormalities in higher brain function.

**Pediatric neuropsychiatric disorders** are caused by chromosome disorders, congenital anomalies, or prenatal exposure to infection, toxins, trauma, or other triggers.

The disorder might affect the intellect (intellectual disability), motor movement (cerebral palsy), psychological (obsessive compulsive behavior), or social function (Asperger's syndrome). Some of the common syndromes have specific diagnostic criteria and names (e.g., autism). An entity may have one known cause, multiple causes, or the cause may be unknown.

There is a wide spectrum of severity for each condition, and an affected child often has more than one condition. Co-morbid physical or psychological conditions may add mortality risk. Adolescence is a particularly turbulent time due to physical, hormonal, and social changes. These changes may exacerbate the underlying condition.

Intellectual disability (formerly called mental retardation) and impaired mobility are common manifestations of neuropsychiatric conditions. Both are strong markers of prognosis. Those with severe intellectual disability are not insurable. In recent decades, there has been an increase in life expectancy due to improved living situations and to better treatment for common causes of death (e.g., congenital heart disease, respiratory disease).

### UNDERWRITING BULLETS

- ▶ Conditions that have a deteriorating course have a poor prognosis.
- ▶ Co-morbid conditions (physical, medical, psychiatric) are often present. Individuals with a heavy burden of co-morbid conditions have a poor prognosis.
- ▶ Additional ratings are applied (or declined) for other co-existing medical conditions, including seizures, cerebral palsy, congenital anomalies, hydrocephaly, swallowing impairment, and complications of birth or prematurity.
- ▶ Level of function and severity of developmental delay are important to assessing risk.

In general, clients with stable condition and little disability are considered. They are alert, interactive, ambulatory as expected for age, and continent of urine and feces as expected for age.

*To get an idea of how a client with a history of a pediatric neuropsychiatric disorder would be viewed in the underwriting process, use the attached Ask "Rx"pert Underwriter for an informal quote.*

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### Ask "Rx"pert Underwriter (Ask Our Expert)

After reading the *Rx for Success* on Pediatric Neuropsychiatric Disorders, use this form to Ask "Rx"pert Underwriter for an informal quote.

Producer \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Client \_\_\_\_\_ Age/DOB \_\_\_\_\_ Sex \_\_\_\_\_

If your client has a pediatric neuropsychiatric disorder, please answer the following:

#### 1. What is the condition?

\_\_\_\_\_

#### 2. Are any of the following present?

- |                                |                              |                             |
|--------------------------------|------------------------------|-----------------------------|
| Intellectual disability        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gait problems                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use wheelchair                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Social disability              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Incontinence of urine or feces | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Difficulty swallowing          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hydrocephaly                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### 3. Is there a history of other psychiatric disorders present?

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

#### 4. Does your client have any other major health problems (e.g., heart disorder, epilepsy, etc.)?

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

#### 5. Is your client on any medications?

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

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

- Yes
- No