



Rx FOR SUCCESS

Interstitial Lung Disease

Interstitial lung disease (pulmonary fibrosis) is a scarring of the lung caused by increase in the fibrous connective tissue, resulting in impaired lung function. A localized lesion, whether due to a lung abscess, localized pneumonia, fibrosis or bronchiectasis, has less impact than diffuse scarring involving both lungs. Diffuse fibrosis occurs as a result of chronic bronchitis, widespread tuberculosis, pneumoconiosis, or other pulmonary disease. Pneumoconiosis is discussed below. Idiopathic pulmonary fibrosis (IPF) is a progressive disease of no known cause and has a poor prognosis if progressive.

Diffuse fibrosis is characterized by a reduction in lung vital capacity because the lung is replaced by scar tissue. The main symptom is shortness of breath. As the condition progresses, the shortness of breath occurs with less activity and in severe cases can result in shortness of breath at rest. There may also be a nonproductive cough or a low-grade fever. Continuous oxygen therapy is required for patients who have low oxygen due to the pulmonary fibrosis. Disease progression is monitored by pulmonary function tests (PFT) and arterial blood gases (ABG).

Pneumoconioses are a group of lung diseases resulting from inhalation of mineral or vegetable dusts from occupational exposure. In susceptible people, such inhalation causes pulmonary fibrosis. The amount of scarring depends on the individual, the type of inhaled material, and the amount of exposure. Inhalation of iron and carbon dusts are characterized by very little fibrosis, while silica and asbestos can cause extensive tissue reaction.

The pneumonconioses are classified by the type of dust inhaled:

- ▶ coal dust causes anthracosis
- ▶ silica causes silicosis
- ▶ asbestos causes asbestosis
- ▶ cotton dust causes byssinosis

People who worked with asbestos have an increased risk of lung cancer. In workers who also smoke, the risk is 10 times higher.

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For underwriting purposes, interstitial lung disease (pulmonary fibrosis) is classified as follows:

MILD

No impairment of exercise tolerance; capable of heavy labor; can perform 9 minutes on a treadmill test; FEV1 in a Pulmonary Function Test is at least 60% of the predicted value.

MODERATE

Occasional lung infections; regular use of medication; capable of climbing stairs, shoveling snow, playing tennis, and swimming; can perform 7 minutes on a treadmill test; FEV1 50-60% of predicted value.

SEVERE

Frequent lung infections; regular use of medication including daily steroid drugs; weight loss; appearance may be plethoric or dusky; capable of walking on level ground, light house-work, and sedentary employment; can perform 5 minutes on a treadmill test; pulse at rest less than 100; FEV1 40-50% of predicted value.

EXTREME

Disabled from sedentary employment by lung disease; short of breath at rest or with slow walk on level ground or minimal activity such as washing dishes or driving a car; incapable of lasting 3 minutes on a treadmill test; FEV1 less than 40% of predicted value; right ventricular hypertrophy; pulmonary hypertension; clubbing of fingers.

| | |
|----------|---------|
| Mild | Table B |
| Moderate | Table D |
| Severe | Table F |
| Extreme | Decline |

To get an idea of how a client with Interstitial Lung Disease 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 Interstitial Lung Disease, use this form to Ask “Rx”pert Underwriter for an informal quote.

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

If your client has a chronic pulmonary (lung) disease, please answer the following:

1. Type of lung disease:

- Interstitial lung disease; type _____
 Chronic bronchitis
 Emphysema
 Asthma

2. Please list date when first diagnosed.

3. Was a biopsy done?

- Yes No

4. Is your client improved since diagnosis?

- Yes No

5. Has your client ever been hospitalized for this condition?

- Yes. Please give details. _____
 No

6. Has your client ever smoked?

- Yes, and currently smokes _____ (amount/day)
 Yes, smoked in the past but quit _____ (date)
 No, never smoked

7. Is your client on any medications (include inhalers, steroids)?

- Yes. Please give details. _____
 No

8. Have pulmonary function tests (a breathing test) ever been done?

- Yes. Please give most recent test results. _____
 No

9. Does your client have any abnormalities on an ECG or x-ray?

- Yes. Please give details. _____
 No

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

- Yes. Please give details. _____
 No