

Risk Matters



Dear Reader,

There are three major strands to the review of the last quarter (April-June 2008) papers with relevance to long term care insurance. The first is that of depressive symptoms and their relationship to cardiovascular problems. This is a rapidly growing area that is seeing increase knowledge about the long recognized association between mood disorders, stroke and cardiac disease. Efforts continue to elucidate the complex mechanisms by which the two interact but the importance of the interaction has only recently been recognized. Depressive symptoms in the elderly, especially in the presence of physical illnesses, are frequently not recognized and often undertreated. Their importance in the LTC risk matrix is becoming clearer.

Dementia is one of the most common causes not only of claim but also prolonged claim, so an accent on the early recognition and factors that may predict cognitive change is welcome. With studies of the influence of cholesterol through to the nature of a persons work the range is wide and a reflection of the complexity of the processes involved. Perhaps disappointingly the failure to clearly demonstrate protective effects of natural substances such as Ginko or pharmaceuticals (Galantamine) is reported.

The third prominent theme is that of exercise and obesity and their effect, not only on functioning, but the incidence of a wide range of other illness. This is explored in great detail in two wide ranging reviews. Controlled studies add to our knowledge in this area. The importance of an active life-style when assessing applicants for LTC insurance cannot be too highly stressed. When the person claims their hobby is gardening it is important to find out if this means casting admiring glances at the shrubbery through the French windows from the comfort of a well stuffed Chesterfield or actually doing the digging on the allotment.

There are a number of other studies of interest in a quarter of rich pickings.

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Dr. Chris Ball
Chief Medical Officer

LTC Quarterly Digest Summer 2008

Depression and Cardiovascular complications

Reynolds, SL, Haley, WE. & Kozlenko, N. (2008) *The Impact of Depressive Symptoms and Chronic Diseases on Active Life Expectancy in Older Americans*. *American Journal of Geriatric Psychiatry*. 16.425-432.

This study showed that depressive symptoms reduced Active Life Expectancy (ALE) by 6.5 years for young-old men (age 70), 3.2 years for old-old men (age 85), 4.2 years for young-old women, and 2.2 years for old-old women. This effects remained significant at all ages after controlling for chronic disease. This confirms that recognising depression at underwriting is important.

Wouts, L. et al (2008) *Cardiac Disease, Depressive Symptoms, and Incident Stroke in an Elderly Population*. *Archives of General Psychiatry*. 65. 596-602.

People with pre-existing cardiac disease and depressive symptoms were more likely to have a stroke during the follow up period (mean 7.1. years). This once again stresses the importance of recognizing depressive symptoms at underwriting.

Ho, MP et al (2008) *The influence of age on health status outcomes after acute myocardial infarction*. *American Heart Journal*. 155.855-861.

The authors describe an increasing mortality at 12 months following myocardial infarction with age and the health related quality of life (HRQL) of survivors. This is better in older patients than younger and they also had fewer residual symptoms. This study suggests that those surviving over 12 months following an infarct do quite well.

Early recognition and risk of cognitive decline

Bain, LJ et al (2008) Towards an Earlier Diagnosis of Alzheimer Disease. *Alzheimer Disease & Associated Disorders*. 22. 99-110.

Anstey, KJ, Lipnicki, D M. & Low, L. (2008) Cholesterol as a Risk Factor for Dementia and Cognitive Decline: A Systematic Review of Prospective Studies With Meta-Analysis. *American Journal of Geriatric Psychiatry*. 16. 343-354.

These two reviews address important issues bringing together the current evidence. There is no consensus about the ideal way to identify early AD but it is clear that raised cholesterol in mid life is a risk factor for developing dementia in later life. Cholesterol in late life does not predict cognitive decline.

Lam, LCW et al (2008) Use of Clinical Dementia Rating in Detecting Early Cognitive Deficits in a Community-based Sample of Chinese Older Persons in Hong Kong. *Alzheimer Disease & Associated Disorders*. 22.153-157.

With a growing recognition of the problems associated with ageing populations in the Far East it remains a moot point as to whether the currently available screening tools are culturally appropriate. This large study of Hong Kong Chinese suggests that The Clinical Dementia Rating Scale (CDR) is an effective tool at identifying mild but significant cognitive impairment when compared to a more demanding and detailed cognitive battery. The CDR was most powerful amongst the more educated. The authors conclude that attention should be paid to local cultural characteristics and special adjustments are required to fit the performance of the respondents with different educational background.

Ho, RCM et al (2008) Metabolic Syndrome and Cognitive Decline in Chinese Older Adults: Results From the Singapore Longitudinal Ageing Studies. *American Journal of Geriatric Psychiatry*. 16. 519-522.

The authors found that metabolic syndrome (MS) was present in 26.3% of a cohort (1,352) of non-demented community living Chinese. The presence of the MS was associated with a greater risk of cognitive decline at follow up (1-2 years) (odds ratio, 1.42: confidence interval, 1.01-1.98) even after controlling for a number of compounding variables. The presence of MS represents a significant risk of the need for long term care.

Okereke, OI. et al (2008) Type 2 Diabetes Mellitus and Cognitive Decline in Two Large Cohorts of Community-Dwelling Older Adults. *Journal of the American Geriatrics Society*. 56. 1028-1036.

This large study assessed cognitive function over a period of three years in those with Type 2 diabetes and a control group without over a period of up to four years. Both men and women with diabetes had significant declines in their cognitive function, this evident earlier in men than women. The cognitive decline was greater in both sexes, the longer the diabetes had been present.

Dodge, HH. et al (2008) A randomized placebo-controlled trial of Ginkgo Biloba for the prevention of cognitive decline. *Neurology*. 70. 1809-1817.

Winblad, B. et al (2008) Safety and efficacy of Galantamine in subjects with mild cognitive impairment (MCI). *Neurology*. 70.2024-2035.

Both these studies report essentially negative results. Ginkgo Biloba did not prevent the progression from CDR 0 to CDR 0.5. Galatamine failed to protect against the conversion of MCI to dementia. There is not enough evidence to give preferential rates to those taking 'anti-dementia' medication.

Inzitari, M. et al (2008) Subtle Neurological Abnormalities as Risk Factors for Cognitive and Functional Decline, Cerebrovascular Events, and Mortality in Older Community-Dwelling Adults. *Archives of Internal Medicine*. 168.1270-1276.

Kroger, E et al (2008) Is Complexity of Work Associated with Risk of Dementia? The Canadian Study of Health and Ageing. *American Journal of Epidemiology*. 167. 820-830.

Lifestyle, Exercise and activity.

Sofi, F. et al (2008) Physical activity during leisure time and primary prevention of coronary heart disease(CHD): an updated meta-analysis of cohort studies. *European Journal of Cardiovascular Prevention & Rehabilitation*. 15. 247-257.

Sofi et al pull together the past cohort studies of physical activity studies, (incorporating 513,472 individuals and 20,666 CHD events), followed up for 4-25 years. Individuals with high and moderate levels of activity had significant protection against CHD [relative risk 0.73 (95% CI 0.66-0.80), P<0.00001 and relative risk 0.88 (95% CI 0.83-0.93), P<0.0001 respectively.

Giada, F. et al (2008) Exercise prescription for the prevention and treatment of cardiovascular diseases: part I. *Journal of Cardiovascular Medicine*. 9. 529-544.

Giada, F. et al (2008) Exercise prescription for the prevention and treatment of cardiovascular diseases: part II. *Journal of Cardiovascular Medicine*. 9. 641-652.

This two part review covers similar ground to Sofi et al (see above) but is more wide ranging in it's exploration of the benefits of exercise in the pursuit of good health.

Weinstein, AR. et al (2008) The Joint Effects of Physical Activity and Body Mass Index on Coronary Heart Disease Risk in Women. *Archives of Internal Medicine*. 168. 884-890.

Jensen, MK. Et al (2008) Obesity, Behavioral Lifestyle Factors, and Risk of Acute Coronary Events. *Circulation*. 117. 3062-3069.

Chen, H. & Guo, X. (2008) Obesity and Functional Disability in Elderly Americans. *Journal of the American Geriatrics Society*. 56. 689-694.

Yang, Z. & Hall, AG. (2008) The Financial Burden of Overweight and Obesity among Elderly Americans: The Dynamics of Weight, Longevity, and Health Care Cost. *Health Services Research*. 43. 849-868.

These four studies identify the risk posed by obesity to the development of conditions associated with long term care. Where obesity is associated with inactivity then the risk are further increased. Obese individuals who were active have a lower risk than sedentary, obese individuals and inactive normal weight people greater risk than those who are active. The importance of assessing BMI or waist circumference is stressed.

Miscellaneous

O'Sullivan, SS. et al (2008) Clinical outcomes of progressive supranuclear palsy (PSP) and multiple system atrophy (MSA). *Brain*. 131. 1362-1372.

There is increasing refinement in the diagnosis of the 'parkinsons-plus' syndromes but little is known about their progression and outcome. This retrospective study fills a gap in the literature. Patients with PSP reached their first clinical milestone earlier than patients with MSA (P < 0.001). Regular falls (P < 0.001) and cognitive impairment (P=0.03) also occurred earlier in PSP than in MSA. PSP with relatively few parkinsonian symptoms had a worse outcome. The development of autonomic failure early in the course of MSA made outcomes worse.

Lorentz, MM. (2008) *TELENURSING and Home Healthcare: The Many Facets of Technology. Home Healthcare Nurse.* 26. 237-243.

Increasingly technologies are being developed to support those in need in their own homes. This is a significant development for insurers who might wish to develop flexible products, potentially saving significant sums on claims.

Deshpande, N . et al (2008) *Activity Restriction Induced by Fear of Falling and Objective and Subjective Measures of Physical Function: A Prospective Cohort Study. Journal of the American Geriatrics Society.* 56. 615-620.

Ay, S., Tur, BS. & Kucukdeveci, A. (2008) *Evaluation of disability in patients with degenerative and inflammatory arthritis. International Journal of Rehabilitation Research.* 31. 159-163.

Givens, JL., Sanft, TB. & Marcantonio, ER. (2008) *Functional Recovery After Hip Fracture: The Combined Effects of Depressive Symptoms, Cognitive Impairment, and Delirium. Journal of the American Geriatrics Society.* 56. 1075-1079.

There is an intimate link between joint problems, falls and fractures. These four papers explore and quantify the problems experienced by those suffering from these difficulties. Clinicians are aware of the psychological issues associated with this area and it is clear that psychological problems worsen the outcome of hip fractures and fear of falling significantly reduces IADL functioning in a many (15%).

Other papers of interest.

Allen, CL. & Bayraktutan, U. (2008) *Risk factors for ischaemic stroke. International Journal of Stroke.* 3. 105-116.

Ravaglia, G et al (2008) *Development of an easy prognostic score for frailty outcomes in the aged. Age & Ageing.* 37.161-166.

Inzitari, M. et al (2008) *Subtle Neurological Abnormalities as Risk Factors for Cognitive and Functional Decline, Cerebrovascular Events, and Mortality in Older Community-Dwelling Adults. Archives of Internal Medicine.* 168.1270-1276.



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