

Effect of statin treatment for familial hypercholesterolaemia on life assurance: results of consecutive surveys in 1990 and 2002

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Introduction

There is concern surrounding genetic testing that a positive result (or even disclosure that a test has been taken) may result in difficulty obtaining life assurance. The UK insurance industry has currently declared a moratorium on requiring genetic tests from applicants.

Early presymptomatic treatment following DNA testing may increase life expectancy by preventing or reducing the risk of developing disease and associated complications. However, if life assurance premiums don't adequately reflect the decrease in mortality with treatment then relatives of affected probands may be deterred from testing.

Issue addressed in paper

The paper analysed how life assurance companies have responded to improvement in the prognosis of heterozygous FH with statin treatment.

A survey was conducted of 41 life assurance companies in 1990 and repeated in 2002 by sending the same survey to 26 companies that were still underwriting term life assurance. They were asked to assess a fictional proposal for a 20y policy (paying benefit only on death). In the follow up survey companies were asked to assess the rating applied to the patient before and after statin treatment.

The applicant was a non smoking 30y male with unremarkable personal and family history except his father had non fatal myocardial infarction aged 45y. From the lipid profile of the applicant the presumptive diagnosis was FH. The patient was being treated with atorvastatin 80mg daily (total cholesterol dropped from 11.4mmol/l to 6.2mmol/l).

Results

- The mean excess rating applied for a patient without treatment increased from 89% in 1990 to 158% in 2002.
- The rating decreased to 56% on treatment, which was 33% lower than the original rating in 1990.

The increase in mortality rating in the 2002 survey compared to 1990, together with the substantial reduction in excess applied to patients undergoing statin treatment shows that underwriters now assess risk more realistically and recognise that the prognosis for FH has improved with effective treatment. These results are encouraging and relatives of probands should not be deterred from testing by life assurance concerns.