



Rx FOR SUCCESS

Autism and Asperger's Disorder

- ▶ **Pervasive developmental disorders (PDD)** include autism, Asperger's disorder, childhood disintegrative disorder (CDD), and Rett syndrome. For disorders that don't fit clear diagnostic criteria (as outlined in DSM-IV-TR), the classification of PDD-NOS, not otherwise specified, is given.
- ▶ **Rett syndrome and childhood disintegrative disorder (CDD)** have a period of normal development after birth, followed by deterioration in mental, social, communication, motor, and other skills. Prognosis is poor.
- ▶ Essential features of **autism** are impaired social interaction and communication (both verbal and non-verbal) as well as marked restriction in activities and interests. Most autistic persons have significant intellectual disability.
- ▶ Essential features of **Asperger disorder** include impaired social interaction and restricted/repetitive behavior, interests, and activities. Unlike autism, there is minimal delay in language/communication. Intellectual ability is often within normal limits.

PDD-NOS, autism, and Asperger disorder often have co-existent psychiatric (e.g., mood disorders, learning disorders, obsessive compulsive disorder, attention deficient hyperactivity disorder, oppositional defiant disorder) and physical or neurological impairments (e.g., seizures, cerebral palsy). There is a wide range of abilities and disabilities. A small percentage of persons with PDD-NOS and autism are "high-functioning" and can live independently and hold regular employment. It is difficult to predict prognosis before age 3, but overall, it is strongly associated with intellectual ability and mobility. Early and intensive intervention is crucial to outcome.

This material is intended for insurance informational purposes only and is not personal medical advice for clients. Rates and availability will vary based on the satisfaction of our underwriting criteria. Underwriting rules are subject to change at our discretion.

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Prudential
Bring Your Challenges[®]

UNDERWRITING AUTISM AND ASPERGER'S DISORDER	
Autism, Asperger's Disorder—Best cases for age ≥ 7 years <ul style="list-style-type: none"> ▶ Alert, interactive, high-functioning, no intellectual disability ▶ Ambulatory and continent of urine and feces ▶ No psychiatric diagnoses, cerebral palsy, or seizures 	Table D for autism Table B for Asperger
Autism, Asperger's Disorder—Best cases for age ≥ 15 years	Standard
Those with psychiatric diagnoses, cerebral palsy, intellectual disability, or seizures Rett syndrome, childhood disintegrative disorder	Individual consideration at age 15
Rett syndrome, childhood disintegrative disorder	Decline

We also recommend *Rx for Success* on Cerebral Palsy and Pediatric Neuropsychiatric Disorders.

To get an idea of how a client with autism or Asperger's disorder 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 Autism and Asperger's Disorder, use this form to Ask "Rx"pert Underwriter for an informal quote.

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

If your client has autism or Asperger's disorder, please answer the following:

1. What is the diagnosis?

2. Have any psychiatric disorders been diagnosed? If so, please state.

3. Has any intellectual disability been diagnosed? If so, please state.

4. Are physical impairments present? Check all that apply.

- Cerebral palsy. Please describe level of function. _____
- Seizure history. Please state type and frequency. _____

5. Are activities of daily living (ADLs) or instrumental activities of daily living (IADLs) appropriate for age?

- ▶ **ADLs** appropriate for age (e.g., ambulating, toileting, bathing, feeding, dressing, self care)
 - Yes
 - No. Please give details. _____
- ▶ **IADLs** appropriate for age (e.g., cooking, housecleaning, telephone use, driving)
 - Yes
 - No. Please give details. _____

6. Is the client working or in school? Please give details.

7. Is your client on any medications?

- Yes. Please give details. _____
- No

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

- Yes
- No

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

- Yes. Please give details. _____
- No