



Cushing's Syndrome

Cushing's syndrome is a condition caused by prolonged exposure to increased blood levels of glucocorticoid hormones. It can develop through either 1) hormonal overproduction by the adrenal glands or 2) by taking glucocorticoid in medication form. Clinical features include upper body obesity, rounded face, thin skin with purple stretch marks, weak bones that easily fracture, fatigue, depression, hypertension, diabetes, excessive hair growth in women, menstrual irregularities, and infertility.

The adrenal glands are located over the kidneys and they produce three types of hormones: glucocorticoids, mineralcorticoids and sex hormones. Cortisol is the most important glucocorticoid because it is essential for life. It is secreted in large amounts during stress. The pituitary gland, which is the master gland of the body, has ultimate control over the amount of cortisol in the body. It regulates cortisol levels via ACTH (*adrenocorticotropic hormone*), a chemical that stimulates the adrenal gland. The most common cause of Cushing's syndrome is Cushing's disease. Cushing's disease is overproduction of cortisol due to excess amounts of ACTH from the pituitary gland, usually because of a benign pituitary tumor known as an adenoma. Less common causes of Cushing's syndrome are: adrenal tumors (*which may be benign adenomas or malignant tumors*) and rare cancers elsewhere in the body (*for example, lung cancer*) that make ACTH.

Diagnostic Tests for Cushing's Syndrome
CT or MRI to find any tumors of the pituitary or adrenal glands
Blood and 24-hour urine tests to measure hormone levels
Specialized blood tests to stimulate or suppress hormonal function

Treatment is directed to the underlying cause. Many adrenal and pituitary adenomas are surgically removed. The prognosis for surgical success in the treatment of benign tumors is good. Some pituitary adenomas may be treated by radiation treatment. The prognosis for Cushing's syndrome caused by malignant tumors depends on the prognosis of the underlying tumor itself and can vary greatly.

Cushing syndrome is overproduction of cortisol. For underproduction, see *Rx for Success #109*. For a review of the pituitary gland, see *#122*.

Underwriting considerations:

Cushing's syndrome present	
Due to administration of steroid medication	Rate for the disease being treated (<i>for example, asthma</i>), no less than Table B
Others	Decline
Cushing's syndrome resolved	
Due to benign pituitary disease, treated with surgery or radiation, complete recovery	<ul style="list-style-type: none"> • Postpone within first year • Second year Table D • Third year Table C • Fourth year Table A • Fifth year non-rated
Others	Individual consideration

To get an idea of how a client with a history of Cushing Syndrome would be viewed in the underwriting process, please feel free to use the attached *Ask "Rx" pert underwriter* for an informal quote.

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Cushing Syndrome - Ask "Rx" pert underwriter
(ask our experts)

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

If your client has Cushing Syndrome, please answer the following:

- ① Please list the date of diagnosis: _____
- ② What evaluation was done? Please give date and results.
 - MRI, CT _____
 - Urine test _____
 - Blood test _____
- ③ Is your client on any medications?
 - yes, please give details _____
 - no
- ④ Has your client ever been hospitalized for Cushing syndrome?
 - yes, please give details _____
 - no
- ⑤ Has your client been prescribed steroids for any other illness?
 - yes, please give details _____
 - no
- ⑥ Has your client smoked cigarettes in last 12 months?
 - yes
 - no
- ⑦ Does your client have any other major health problems (ex: asthma, cancer, etc.)?
 - yes, please give details _____
 - no

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of America
751 Broad Street, Newark, NJ 07102-3777
Rx125 IFS-A078093, Ed. 03/04 Exp. 09/05

