



Benign Prostatic Hypertrophy (BPH) and Prostatitis

The prostate is a solid gland that surrounds the urethra at the base of the bladder in males. BPH is a benign overgrowth of the prostate. The cause is unknown, but may involve alterations in hormonal balance associated with aging. BPH is commonly seen in men over 50 years old.

When the prostate enlarges, it can constrict the neck of the bladder and cause variable degrees of bladder outlet obstruction. Symptoms include progressive urinary frequency, urgency (the need to urinate immediately), and nocturia (excessive urination during the night) due to incomplete emptying of the bladder. On rectal examination, the prostate is felt as enlarged with a rubbery consistency. BPH with bladder outlet obstruction is generally suspected on the basis of the symptoms and signs.

Prostate-specific antigen (PSA) is moderately elevated in 30-50% of patients with BPH, depending on the prostate size and degree of obstruction. PSA is also elevated with prostate cancer which must be ruled out before the diagnosis of BPH can be made. (See Rx #48 on PSA and Rx #15 on Prostate Cancer)

Treatment of BPH includes catheter drainage of the bladder, medication to reduce the size of the prostate (Proscar for example), or a transurethral resection of the prostate (TURP), for which prognosis is excellent. Other medications used to treat the symptoms of BPH include Hytrin, Cardura Flomax, and saw palmetto. Several other limited surgical treatments, besides TURP, are being studied and offered to men today.

Underwriting Considerations:

BPH, either present or a history of treatment with surgery and without any other significant urinary impairment and cancer ruled out, will not be rated.

Acute prostatitis is short term inflammation of the prostate. It is common and usually caused by nonspecific organisms. It is treated with antibiotics. Chronic prostatitis is of longer duration and may be infectious. However, the cause is usually unknown.

Underwriting Considerations:

Prostatitis, acute or chronic, without any other significant urinary impairment and cancer ruled out will not be rated.

To get an idea of how a client with BPH or Prostatitis would be viewed in the underwriting process, feel free to use the Ask "Rx" pert underwriter on the next page for an informal quote.

This material is intended for insurance informational purposes only and is not personal medical advice for clients.

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Your Success Matters.

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Rx095 IFS-A057934 Ed. 10/08 Exp. 10/10

Benign Prostatic Hypertrophy and Prostatitis - Ask "Rx" pert underwriter (ask our experts)

Producer _____ Phone _____ Fax _____

Client _____ Age/DOB _____ Sex _____

If your client is known to have a history of BPH, please answer the following:

2. If any of the following have been done, please give details and result(s):

- Bladder Catheterization _____
- Prostate Biopsy _____
- Prostate Ultrasound _____
- TURP (transurethral prostatectomy) _____

2. When was the diagnosis made _____

3. Please give result and date of most recent PSA Test: _____

4. Is your client on any medications?

- yes, please give details _____
- no

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

- yes
- no

6. Has an angiogram, echocardiogram, stress test, or heart scan been done?

- yes, (please provide a copy)
- no

7. Does your client have any other major health problems (ex: heart disease, etc.)?

- yes, please give details _____
- no

After reading the *Rx for Success* on Benign Prostatic Hypertrophy and Prostatitis, please feel free to use this Ask "Rx" pert underwriter for an informal quote.

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