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MORTALITY EXPERIENCE: SYSTOLIC HEART MURMURS AND PEPTIC ULCER

BARTON S. PAULEY

SYSTOLIC HEART MURMURS

We recently added another three years of mortality experience to an earlier Prudential study of male applicants classified on examination as having a systolic heart murmur at the apex. The study covers issues of the years 1950–62. The actual mortality from issue to the anniversary in 1966 was compared to the expected mortality by the 1955–60 Male Select Basic Table.

It appears from Table 1 that applicants with functional murmurs are not standard risks at the older issue ages. The experience for policy-year durations 1–2 was 167 per cent, based on twenty deaths. Presumably the experience by ages at issue and for durations 1–5 would show somewhat higher ratios if the early duration experience under issue years 1963–65 were included in the study.

Although rating classifications in Table 2 differed by age and varied somewhat over the thirteen issue years, it is believed that the over-all mortality ratio of 214 per cent for organic murmurs is close to the expected for the average of the assigned ratings. Some issues carried slightly increased ratings or had minor debits because of other impairments, mostly hypertension or cardiac arrhythmia. The portion of the issues in which there was no other impairment, even minor, experienced a mortality of 282 per cent, based on seventy-three deaths. We have been unable to determine any specific reason for this higher ratio. Possibly, when other circulatory impairments are present, examiners and underwriters tend to classify a murmur as organic which, in the absence of any other impairment, would be classified as functional. The higher ratio may thus represent the mortality of true organic murmurs, with the lower ratio for all issues resulting from the inclusion of some murmurs which were not organic.

PEPTIC ULCER

This study covered Prudential issues of 1952-63, male lives only, exposed from issue to policy anniversary in 1965. Expected deaths were calculated on the 1955-60 Male Select Basic Table.

For the first five policy years in Table 4 the extra deaths were 0.70 per 1,000 years of exposure. There was also a small group of policies with this

impairment which were given permanent percentage ratings. This group experienced a mortality of 155 per cent based on forty-seven deaths; half of the exposure (as against one-third for the temporary extra premium cases) was at issue ages 40 and over, with thirty-nine deaths and a ratio of 157 per cent which increased by duration.

The label "peptic ulcer" means that the precise location of the ulcer was unknown at underwriting time. The higher ratios in Table 5, compared to those for ulcers known to be duodenal in Table 4, suggest that the "peptic ulcer" label represents inadequate underwriting information. Presumably, more complete details would have revealed some gastric ulcer or complicated duodenal ulcer histories.

TABLE 1

FUNCTIONAL APICAL SYSTOLIC MURMUR

(Standard Male Issues 1950-62, Exposed to 1966; Expected Deaths by the 1955-60 Male Select Basic Table)

Experience by Age at Issue			Experience by Duration			
Ages at Issue 0-39	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	Policy-Year Durations 1-5	No. Policies Terminated by Death	Mortality Ratio (Per Cent) 140 110	
0–64	89	124	1–5 6–16	29 28	165 140	

TABLE 2

ORGANIC APICAL SYSTOLIC MURMUR

(Substandard Male Issues 1950–62, Exposed to 1966; Expected Deaths by the 1955–60 Male Select Basic Table)

Experience by Age at Issue			Experience by Duration			
Ages at Issue 15-39	No. Policies Terminated by Death 51 59 38	Mortality Ratio (Per Cent) 244 253 153	Policy-Year Durations 1-5	No. Policies Terminated by Death	Mortality Ratio (Per Cent) 201 224	

TABLE 3

DUODENAL ULCER WITHOUT OPERATION—STANDARD ISSUES

ATTACK WITHIN:	Exper	ENCE BY AGE A	T Issue	EXPERIENCE BY DURATION			
	Ages at Issue	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	Policy-Year Durations	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	
1-2 years	{20-39 {40 up	18 28	87 92	1-5 6-13	28 18	84 101	
	All	46	90				
3-5 years	{20-39 40 up	56 88	124 100	1-5 6-13	79 65	96 126	
	All	144	108				
6-10 years	{20-39 40 up	21 69	96 112	1-5 6-13	60 30	110 103	
	All	90	108				
1-10 years	{20-39 {40 up	95 185	108 103	1-5 6-13	167 113	99 115	
	All	280	105				

TABLE 4

DUODENAL ULCER WITHOUT OPERATION—ISSUES WITH
TEMPORARY EXTRA PREMIUM
(Attack within 1-2 Years)

Experience	BY AGE AT IS	SSUE	Experien	CE BY DURATIO)N
Ages at Issue	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	Policy-Year Durations	No. Policies Terminated by Death	Mortality Ratio (Per Cent)
20-39 40 up	51 87	126 124	1–5	94 44	137 104
All	138	125			

TABLE 5
PEPTIC ULCER WITHOUT OPERATION—STANDARD ISSUES

	Experi	ENCE BY AGE A	T Issue	Experience by Duration		
ATTACK WITHIN:	Ages at Issue	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	Policy-Year Durations	No. Policies Terminated by Death	Mortality Ratio (Per Cent)
1-2 years 3-5 years 6-10 years	All All All	17 54 28	173 175 122			
1-5 years	{20-39 40 up	28 43	177 173	1-5 6-13	48 23	184 160
	All	71	175			
1-10 years	{20-39 40 up	36 63	164 151	1-5 6-13	68 31	161 146
	All	99	156			

TABLE 6

DUODENAL ULCER WITH OPERATION—S AND SS ISSUES*

	Experi	ence by Age a	T Issue	Experience by Duration			
Operation within:	Ages at Issue	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	Policy-Year Durations	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	
1-2 years	{20-39 {40 up	17 39	281 173	1-5 6-13	36 20	213 172	
	All	56	196				
3-5 years	{20-39 40 up	12 58	135 140	1-5 6-13	43 27	145 130	
	All	70	139				
6-10 years	{20-39 {40 up	14 46	258 143	1-5 6-13	35 25	139 203	
	All	60	160				
1-10 years	{20-39 {40 up	43 143	211 149	1-5 6-13	114 72	159 161	
Ï	All	186	160				

^{*} More than 5 years postoperative, all issues were standard; otherwise, a temporary extra premium was applied except for 27 per cent of the exposure 3-5 years postoperative, which was issued standard. In this 3-5-year postoperative group, cases issued with a temporary extra premium produced a ratio of 149 per cent, based on fifty-three deaths.

Operation Within:	POLICY YEARS				
OPERATION WITHIN:	1-5	6–13	1-13		
1-2 years	2.78 1.19 1.16 1.59	3.55 1.62 5.80 3.25	2.97 1.30 2.11 1.99		

The unfavorable ratio for more than 5-year postoperative standard issues in Table 6 is a persistent phenomenon, as shown by comparison with the same category in the Society of Actuaries Study (see Table 7).

TABLE 7
IMPAIRMENT STUDY, 1951

EXPERIENCE BY AGE AT ISSUE			Experien	CE BY DURATIO	DN .
Ages at Issue	No. Policies Terminated by Death	Mortality Ratio (Per Cent)	Policy-Year Durations	No. Policies Terminated by Death	Mortality Ratio (Per Cent)
15-39 40-64	25 68	200 154	1–5	48 45	219 129
15-64*	93	164±11			

^{*} The current Prudential study for ages 20 and up showed sixty policies terminated by death and a mortality ratio of 160 ± 14 per cent; the Prudential contribution to the 1951 study was eighteen deaths with a ratio of 160 per cent.

It appears that the time elapsed since operation is not too important an underwriting factor. A review of a portion of the claims on 3-10-year post-operative cases did not reveal any information of significant underwriting value. The operative history was gastrectomy in 92 per cent of the claims reviewed. Only one death could be directly attributed to the ulcer history, a postgastrectomy syndrome. Cardiovascular causes represented 43 per cent of the deaths; malignancies (one of the stomach), 20 per cent; accidents, 12 per cent; natural causes in New York, 10 per cent, which is about a normal distribution of causes for standard issues at the ages in this claim sample.

Data for gastric and other ulcer classifications were too meager for study.

¹ Death certificates from New York often certify only that death was not caused by accident, homicide, suicide, or poisoning and was due to natural causes.