



Unraveling Bipolar Disorder: Facts & Rumors

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Case #1



45 y/o Female

Smoker

Applying for \$5M
with waiver of premium

Application *(self-reported)*

- OV 6 months ago, stable, med refills
- Bipolar disorder, major depressive disorder, anxiety since high school
- Seroquel, Lamictal, and Prozac
- Hospitalization twice, most recent 10 years ago

Case #1 *(continued)*

Past Medical History From Attending Physician Statement

Age 18

Hospitalized for suicide attempt, diagnosed with bipolar disorder with anxiety

Age 30

Treated for alcohol abuse in a rehab facility

Age 31

Alcohol abuse in remission, stable job

Age 35

Hospitalization:

- Ran out of medications between jobs and health insurance gap
- Experienced high energy, went on a spending spree, binged on food and alcohol, was awake for 3 days
- Hospitalized for suicidal ideation with plan to overdose on medications

Case #1 *(continued)*

Past Medical History From Attending Physician Statement

Age 40

- Compliant with medication and follow-up
- Same job for the past 3 years
- Got married
- Medications as per app
- Assessment stable
 - Bipolar disorder
 - GAD
 - MDD
 - Alcohol use disorder in remission

Case #1 *(continued)*

Past Medical History From Attending Physician Statement

Age 45

- LOV 6 months ago
- Alcohol Abuse, in remission
- Stable on medications and compliant with follow-up.
- Stable job as a marketing executive for the past 5 years
- Contemplating pregnancy

Bipolar Disorder

- Clinical features & classification
- Risks
- Prognosis
- Underwriting from Claims



Bipolar Disorder

Definition:

- A. Mood episodes that include mania, hypomania, and major depression
- B. Episodic extreme shifts in mood, energy, activity levels, and concentration
- C. More severe than the normal ups and downs
- D. Intervals of normal mood
- E. Old terminology manic-depressive disorder



Manic Episode

Definition:

- A. A distinct period of abnormally and persistently elevated, expansive, OR irritable mood and abnormally and persistently increased activity OR energy, lasting at least one week and present most of the day, nearly every day (or any duration if hospitalization is necessary)
- B. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning OR to necessitate hospitalization to prevent harm to self or others, OR there are psychotic features.
- C. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) OR to another medical condition.



Manic Episode *(continued)*

Definition:

- D. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:
- Inflated self-esteem or grandiosity
 - Decreased need for sleep (e.g., feels rested after only three hours of sleep)
 - More talkative than usual or pressure to keep talking
 - Flight of ideas or subjective experience that thoughts are racing
 - Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed
 - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity)
 - Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)



Subtypes of Bipolar Disorder

Bipolar 1

- Manic episode at least 7 days OR require hospital care
- Depressive episodes (usually), typically lasting at least 2 weeks

Bipolar 2

- Hypomanic episode and major depressive episode

Cyclothymic Disorder

- Chronic mood fluctuations
- Not meeting criteria for full episodes

Hypomanic

Definition:

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least four consecutive days and present most of the day, nearly every day
- B. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
- C. The disturbance in mood and the change in functioning are observable by others.
- D. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization.



DSM-5-TR Diagnostic Criteria For Bipolar Major Depression

A Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning:

- Depressed mood or
- **Loss of interest or pleasure**

B The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C The episode is not attributable to the direct physiological effects of a substance or to another medical condition.

Note: Criteria A through C represent a major depressive episode.



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Loss of Interest or Pleasure:

1. Depressed mood most of the day, nearly every day, as indicated by either
 - Subjective report (e.g., feels sad, empty, hopeless) or
 - Observations made by others (e.g., appears tearful)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation)
3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective)
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day
8. Diminished ability to think or concentrate; indecisiveness nearly every day either by their subjective account or as observed by others
9. Recurrent thoughts of death (not just fear of dying) recurrent suicidal ideation without a specific plan suicide attempt or a specific plan for committing suicide

Responses to a significant loss* may resemble a depressive episode

Although such symptoms may be understandable or considered appropriate to the loss, **the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered.**

**Examples:*

- *Bereavement*
- *Financial ruin*
- *Losses from a natural disaster*
- *A serious medical illness*
- *Disability*



Limitations

- Fuzzy boundary between mania and normal mood swing
- Lack of biomarker
- Depression has rating scales like PHQ9
- Symptoms that compromise function are severe



Cause



Genetic

Estimate
60-90% heritable

Multiple genes



Environment

*Stronger link to episodes
than onset*

Sleep deprivation

Alcohol & drugs

Epidemiology

- Lifetime prevalence 2.4%;
1% for bipolar 1
- Female=male
- Late adolescence-early adulthood,
average age 25
- Diagnosis delay average 9 years from
first depressive episode
- Lifelong



Treatment

- Mood Stabilizer: Lithium, Valproic Acid, Lamotrigine
- Antipsychotics
- Antidepressants
- Cognitive behavioral therapy
- Over half of patients nonadherent



Risks & Underwriting

1

Frequent
Disability

2

Life Expectancy
Decreased 10-20 yr

3

Suicide 13x General
Population

4

CVD & Pulmonary
Disease (smoking)

5

Substance
Abuse

6

Accident

Best Evidence

	Bipolar Disorder Patients	Siblings Unaffected by Bipolar Disorder
Life Expectancy Decrease (yr)	7.7	0.45
Mortality Hazard Ratio	2.11	1
Suicide Hazard Ratio	18.23	1.5



Source: Journal of Affective Disorders (2021)294:472-476. <https://doi.org/10.1016/j.jad.2021.07.065>

Next Generation Underwriting

Rx/Dx/CPT only?

- Lithium most characteristic, still not dispositive
- Inconsistent adherence
- Unreliable diagnosis
- Credit Attributes
- MVR
- Might flag higher risk (specificity), can't assure better risk (sensitivity)



Case Features



Subtype?

- Experienced high energy, went on a spending spree, binged on food and alcohol, was awake for 3 days

Red Flags?

- Age 30 treated for alcohol abuse in a rehab facility
- Hospitalized for suicidal ideation with plan to overdose on medications

Reassuring?

- Age 45
- Alcohol Abuse, in remission
- Stable on medications and compliant with follow-up
- Stable job as a marketing executive for the past 5 years
- Contemplating pregnancy



Thank you!



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