

# Are HIV-positive patients who have undergone Bariatric surgery insurable in 2015?

*Over 35 million people in the world are HIV-positive. Again, as long as treatment and regular medical follow-up show an absence of immunosuppression, some of these people can be offered life cover.*

*There is a global epidemic of morbid obesity and surgery is sometimes the only effective solution to reduce body weight. Today, life insurance can be proposed in many of these cases providing there have been no serious complication.*

## Author

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## What connection is there between HIV-positive status and morbid obesity? None, except:

That the obesity epidemic is now turning up where we least expect it: in the HIV-positive population. In some countries over 20% of HIV-positive people are obese because their state of health has improved considerably and perhaps also as a side effect of certain antiviral treatments. The association of obesity and HIV-positive status is no longer a statistical rarity.

Underwriting departments will sooner or later be confronted with this specific proposal.

Insurer and Reinsurer need to anticipate and think about the insurability of these sub-standard cases, and, in this context, SCOR Global Life would like to share the results of a recent medical study in which one of its Medical Directors participated.

This work was published in the **Obesity Surgery**, the official journal of the International Federation for the Surgery of Obesity and metabolic disorders (IFSO). *“Sleeve gastrectomy is a safe and efficient procedure in HIV patients with morbid obesity. Results in weight loss, co-morbidity evolution, CD4 count and viral load”.*

[CLICK HERE TO READ THE ARTICLE](#)

### HIV-POSITIVE STATUS

The presence of HIV antibodies in the blood, indicating chronic infection with HIV (human immunodeficiency virus). The effectiveness of antiviral drugs is judged by the number of CD4 lymphocytes in the blood and that of circulating viruses, also known as the viral load.

### MORBID OBESITY

Obese to a degree that significantly alters quality of life and life expectancy. It is defined as having a BMI > 40. For example, someone who weighs 120 kg for a height of 1.70 m. If medical and dietary measures have had no effect, surgery may be offered to reduce the size of the stomach: sleeve gastrectomy.



### Doctor Gabriela Mendoza-Bufferet

works at SCOR Global Life's Underwriting & Claims R&D Center and is also a hospital-based infectious diseases specialist. She actively participated in the study, which assessed the outcome of morbidly obese patients with HIV after Sleeve Gastrectomy.

## Are HIV-positive patients who have undergone Bariatric surgery insurable in 2015?

### What lessons can we draw from this study?

Insuring someone who had undergone surgery for morbid obesity and was also HIV-positive was unthinkable a few years ago... We must remember when AIDS was the disease that inevitably led to weight loss!

In the light of the conclusions of this study, which shows that these are not only theoretical cases but they truly exist, insurance is possible in selected patients. The doors to life insurance are therefore waiting to open wider to this population.

Finally, we should remember the main message of the study: **Sleeve gastrectomy helps people to lose weight, but does not impact the effectiveness of the antiviral drugs used to combat HIV.**

### So how far can we go to insure people?

Nobody knows, since these cases were unheard of a few years ago. We have a duty to follow medical progress and adapt to an ever-changing world. Let's keep moving forward, let's regularly undertake our «cultural revolution» and look again at the risk analysis in the light of new medical studies and the statistical data.

We must keep an eye open for more news in this field as it risks being revolutionary.

**We need to think along similar lines with respect to thousands of patients around the world who are suffering from chronic kidney or liver disease who, in certain cases, can benefit from a transplant whilst also being infected with HIV. Again, these people could be considered insurable if we have sufficient experience and after individual analysis of the medical file.**



#### Professor Jean-Marc Catheline

is Head of Surgery at the Centre Hospitalier de Saint-Denis and Associate Professor at the Collège de Médecine des Hôpitaux de Paris. An expert in obesity surgery since the 90s, he has set up an obesity surgery programme at the Centre Hospitalier de Saint-Denis, France. Professor Catheline is also co-author of the previously mentioned study.

#### IN PRACTICE FOR THE INSURER

Insuring a person who has undergone effective surgery for morbid obesity and who is also receiving treatment HIV infection can now be envisaged.

Let's illustrate this with a «virtual case» reflecting the average situation of the people included in the study reported in the article. A woman aged 46, HIV-positive, who underwent sleeve gastrectomy for morbid obesity 15 months ago.

> BMI pre-surgery: 42

> Current BMI 30

> A CD4 count of 457/mm<sup>3</sup> at the time of subscription, treated, followed up, undetectable viral load

15 months after the operation, the rise could be assimilated to that of a person with a systemic disorder requiring continuous long-term medical treatment and follow-up.

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