Percentage excess mortality ratings applied by life assurance companies in 1990 and 2002, before and after starting statin treatment

mean excess rating increased from 89% (SD 52) in 1990 to 158% (SD 40) in 2002 (difference 69%, 95% confidence interval 41 to 97; P < 0.000, paired t test), but fell to 56% (SD 43) on treatment (102%, 79 to 126; P < 0.000), which was 33% lower (5 to 61; P = 0.022) than the original rating in 1990.

Comment
The increase in mortality rating in the second survey, together with the substantial reduction in the excess applied to patients taking statins show that underwriters now assess risk more realistically and recognise that

the prognosis for familial hypercholesterolaemia has improved with more effective treatment. Nevertheless variability in the rating applied was considerable, and patients could usefully be advised to shop around for the most competitive premium. The results of the survey, however, are reassuring and should encourage relatives of probands to be tested rather than being deterred by concerns about life assurance.

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level of 0.05. As patients are nested within physician, we used linear and logistic regression as well. Monologues averaged 26 seconds on day 1 and 28 seconds on day 2 (table). After the intervention, twice as many monologues were completed, and six doctors accounted for this increase (90/112 (80%) encounters). A physical examination was performed in 88% of encounters; it averaged a minute and a half. Tests or referrals were requested in a third, a diagnosis was given in almost all, and prescriptions were issued in half the encounters. These figures did not change significantly after the intervention, nor did the length of the consultation.

Comment
Allowing patients to complete their monologue requires little time and does not disrupt the other components of the clinical encounter. In consultations with a new clinical problem (that is, those aiming to reach a diagnosis), the number of completed monologues doubled when doctors were told not to interrupt.

The difference in monologue length between day 1 and day 2 is better represented by the median (15 and 21 seconds respectively) than by the mean (26 and 28 seconds), because the mean is affected by a number of relatively lengthy monologues. A similar difference was reported by Marvel.1

Different languages and cultures seem to have no effect on average length of monologue (Slovenia, 28 seconds;5 United States, 25 seconds;5 Israel 27 seconds). Lengthier monologues have been reported in specialist settings (Switzerland, 90 seconds).5

The significant increase in the proportion of completed monologues is compatible with the observation that completed monologues are just marginally longer than interrupted ones.2 This is probably due to the natural brevity of patients' monologues.

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