

Revocation and Determination
of
Statement of Principles
concerning
ISCHAEMIC HEART DISEASE

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.39 of 1999; and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2.
 - (a) This Statement of Principles is about **ischaemic heart disease** and **death from ischaemic heart disease**.
 - (b) For the purposes of this Statement of Principles, “**ischaemic heart disease**” means a cardiac disability characterised by insufficient blood flow to the muscle tissue of the heart due to atherosclerosis, thrombosis or vasospasm of the coronary arteries.
 - (c) Ischaemic heart disease attracts an ICD-10-AM code in the range I20 to I25.
 - (d) In the application of this Statement of Principles, the definition of “**ischaemic heart disease**” is that given at para 2(b) above.

Basis for determining the factors

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **ischaemic heart disease** and **death from ischaemic heart disease** can be related to relevant service rendered by veterans or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must exist before it can be said that, on the balance of probabilities, **ischaemic heart disease** or **death from ischaemic heart disease** is connected with the circumstances of a person's relevant service are:
 - (a) the presence of hypertension before the clinical onset of ischaemic heart disease; or
 - (b) suffering from diabetes mellitus before the clinical onset of ischaemic heart disease; or
 - (c) being obese for a period of at least two years within the 15 years immediately before the clinical onset of ischaemic heart disease; or
 - (d) the presence of dyslipidaemia before the clinical onset of ischaemic heart disease; or
 - (e) where smoking has ceased prior to the clinical onset of ischaemic heart disease,
 - (i) smoking at least one pack year but less than five pack years of cigarettes or the equivalent thereof, in other tobacco products, and the clinical onset of ischaemic heart disease has occurred within three years of cessation; or
 - (ii) smoking at least five pack years of cigarettes or the equivalent thereof, in other tobacco products, and the clinical onset of ischaemic heart disease has occurred within 5 years of cessation;

- (f) where smoking has not ceased prior to the clinical onset of ischaemic heart disease,
 - (i) smoking at least five cigarettes per day or the equivalent thereof, in other tobacco products, for a period of at least one year immediately before the clinical onset of ischaemic heart disease; or
 - (ii) smoking at least one pack year of cigarettes or the equivalent thereof, in other tobacco products, before the clinical onset of ischaemic heart disease; or
- (g) immersion in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 10 000 hours before the clinical onset of ischaemic heart disease, provided the last exposure to that atmosphere did not end more than five years before the clinical onset of ischaemic heart disease; or
- (h) an inability to undertake more than a mildly strenuous level of physical activity for at least the seven years immediately before the clinical onset of ischaemic heart disease; or
- (i) the presence of hyperhomocystinaemia before the clinical onset of ischaemic heart disease; or
- (j) suffering from chronic renal disease before the clinical onset of ischaemic heart disease; or
- (k) suffering from hypothyroidism before the clinical onset of ischaemic heart disease; or
- (l) for angina, acute myocardial infarction or sudden death from ischaemic heart disease only, experiencing a severe stressor immediately before the clinical onset of ischaemic heart disease; or
- (m) undergoing a course of therapeutic radiation involving the mediastinum or the chest wall region overlying the heart before the clinical onset of ischaemic heart disease; or
- (n) the presence of hypertension before the clinical worsening of ischaemic heart disease; or
- (o) suffering from diabetes mellitus before the clinical worsening of ischaemic heart disease; or

- (p) being obese for a period of at least two years within the 15 years immediately before the clinical worsening of ischaemic heart disease; or
- (q) the presence of dyslipidaemia before the clinical worsening of ischaemic heart disease; or
- (r) where smoking has ceased prior to the clinical worsening of ischaemic heart disease,
 - (i) smoking at least one pack year but less than five pack years of cigarettes or the equivalent thereof, in other tobacco products, and the clinical worsening of ischaemic heart disease has occurred within three years of cessation; or
 - (ii) smoking at least five pack years of cigarettes or the equivalent thereof, in other tobacco products, and the clinical worsening of ischaemic heart disease has occurred within five years of cessation;
- (s) where smoking has not ceased prior to the clinical worsening of ischaemic heart disease,
 - (i) smoking at least five cigarettes per day or the equivalent thereof, in other tobacco products, for a period of at least one year immediately before the clinical worsening of ischaemic heart disease; or
 - (ii) smoking at least one pack year of cigarettes or the equivalent thereof, in other tobacco products, before the clinical worsening of ischaemic heart disease; or
- (t) immersion in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 10 000 hours before the clinical worsening of ischaemic heart disease, provided the last exposure to that atmosphere did not end more than five years before the clinical worsening of ischaemic heart disease; or
- (u) the presence of hyperhomocystinaemia before the clinical worsening of ischaemic heart disease; or
- (v) suffering from chronic renal disease before the clinical worsening of ischaemic heart disease; or
- (w) suffering from hypothyroidism before the clinical worsening of ischaemic heart disease; or

- (x) for angina, acute myocardial infarction or sudden death from ischaemic heart disease only, experiencing a severe stressor immediately before the clinical worsening of ischaemic heart disease; or
- (y) undergoing a course of therapeutic radiation involving the mediastinum or the chest wall region overlying the heart before the clinical worsening of ischaemic heart disease; or
- (z) inability to obtain appropriate clinical management for ischaemic heart disease.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(n) to 5(z) apply only to material contribution to, or aggravation of, ischaemic heart disease where the person's ischaemic heart disease was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

Inclusion of Statements of Principles

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

8. For the purposes of this Statement of Principles:

“a course of therapeutic radiation” means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

“an inability to undertake more than a mildly strenuous level of physical activity” means the presence of an incapacity which prevents any physical activity greater than 3 METS, where a “MET” is a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

“being obese” means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater.

The BMI = W/H^2 and where:

W is the person’s weight in kilograms and

H is the person’s height in metres;

“chronic renal disease” means renal injury of a sustained nature that is not reversible and leads to destruction of nephron mass and is associated with a demonstrable functional abnormality of the kidney which raises the level of creatinine;

“cigarettes per day or the equivalent thereof, in other tobacco products” means either cigarettes, pipe tobacco or cigars, alone or in any combination where one tailor made cigarette approximates one gram of tobacco; or one gram of cigar, pipe or other smoking tobacco by weight;

“death from ischaemic heart disease” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s ischaemic heart disease;

“dyslipidaemia” generally means evidence of a persistently abnormal lipid profile after the accurate evaluation of serum lipids following a 12 hour overnight fast, and estimated on a minimum of two occasions as a:

- (a) total serum cholesterol level greater than or equal to 5.5 mmol/L;
or
- (b) fasting serum triglyceride level greater than or equal to 2.0 mmol/L together with high density lipoprotein cholesterol level less than 0.9 mmol/L;

Note: the source for this definition is: NHF Australia, Guide to Plasma Lipids for Doctors; Current Therapeutics, Vol 33 Supplement 1, 1992.

“experiencing a severe stressor” means, the person experienced, witnessed or was confronted with, an event or events that involved actual or threat of death or serious injury, or a threat to the person’s or other people’s physical integrity, which event or events might evoke intense fear, helplessness or horror.

In the setting of service in the Defence Forces, or other service where the Veterans’ Entitlements Act applies, events that qualify as severe stressors include:

- (i) threat of serious injury or death; or

- (ii) engagement with the enemy; or
- (iii) witnessing casualties or participation in or observation of casualty clearance, atrocities or abusive violence;

“hyperhomocystinaemia” means a condition characterised by an excess of homocystine in the blood;

“hypothyroidism” means a disease state characterised by a reduction in circulating thyroid hormones;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Third Edition, effective date of 1 July 2002, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 413 9;

“pack years of cigarettes or the equivalent thereof in other tobacco products” means a calculation of consumption where one pack year of cigarettes equals twenty tailor made cigarettes per day for a period of one calendar year, or 7 300 cigarettes. One tailor made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack year of tailor made cigarettes equates to 7 300 cigarettes, or 7.3kg of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars smoked, alone or in any combination;

“relevant service” means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service);

“sudden death” means death within one hour of onset of acute symptoms;

“terminal event” means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

Application

9. This Instrument applies to all matters to which section 120B of the Act applied.

Dated this *Seventh* day of *November*
2003

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRMAN