

REPATRIATION MEDICAL AUTHORITY

STATEMENT ABOUT THE CAUSES OF “BEING OBESE”.

The Repatriation Medical Authority was not able to determine a Statement of Principles in respect of obesity as it was of the view that “obesity” is not a “disease” or “injury” as defined in subsection 5D(1) of the *Veterans’ Entitlements Act 1986*. However “being obese” is accepted as a causal factor in a number of diseases.

The Authority has recently reviewed the “sound medical-scientific evidence” relevant to “being obese” and has decided upon a new definition for it. In considering this information, the RMA found that the causes of “being obese” are one or more of the following factors preceding “being obese”:

- (a) exposure to an environment which encourages caloric intake, where this caloric intake is excessive for energy needs and cannot be compensated by adequate physical activity, and which has resulted in a weight gain of at least 20% of the baseline weight;
- (b) undergoing therapy with a drug, listed below which has resulted in a weight gain of at least 20% of the baseline weight;
- (c) suffering from a binge-eating disorder, which has resulted in a weight gain of at least 20% of the baseline weight;
- (d) suffering from hypercortisolism, which has resulted in a weight gain of at least 20% of the baseline weight;
- (e) suffering from hypothyroidism, which has resulted in a weight gain of at least 20% of the baseline weight;
- (f) suffering from a hypothalamic disorder causing hyperphagia, which has resulted in a weight gain of at least 20% of the baseline weight.

Explanation of terms used:

“baseline weight” means the weight level which was being maintained prior to the effect of the particular factor specified;

“binge-eating” is said to occur when a person within any 2-hour period eats an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances, and the person has a sense of lack of control over eating during the episode (eg a feeling that one cannot stop eating or control what, or how much, one is eating);

“a binge-eating disorder” means recurrent episodes (on average, at least 2 days per week for a period of at least 6 months) of binge eating associated with subjective and behavioural indicators (ie eating very rapidly; eating until feeling uncomfortably full; eating large amounts of food when not hungry; eating alone because of embarrassment over how much one is eating, and feeling disgust, guilt, or depression after overeating) of impaired control over, and significant distress about, the binge eating, and the absence of the regular use of inappropriate compensatory behaviours (such as self-induced vomiting, misuse of laxatives and other medications, fasting and excessive exercise) that are characteristic of Bulimia Nervosa, attracting ICD code 307.50;

“hyperphagia” means ingestion of an excessive quantity of food, attracting ICD code 783.6;

“hypercortisolism” means excessive production of or administration of hydrocortisone, or other glucocorticosteroids, as in Cushing’s syndrome, attracting ICD code 255.0 or 255.3;

“hypothalamic disorder” means a condition affecting the ventromedial area of the hypothalamus. This can result from tumour, trauma, granulomatous infections, central nervous system infections, irradiation therapy or surgery;

“hypothyroidism” means the functional state resulting from insufficiency of thyroid hormones, attracting ICD code 243, 244 or 246;

LIST OF DRUGS

1. Clozapine
2. Chlorpromazine
3. Perphenazine
4. Pimozide
5. Fluphenazine
6. Flupenthixol
7. Trifluoperazine
8. Amitriptyline
9. Nortriptyline

10. Imipramine
11. Doxepin
12. Maprotiline
13. Phenelzine
14. Lithium
15. Cyproheptadine
16. Pizotifen
17. Glucocorticosteroids

Dated this *Sixteenth* day of *August* 1996

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

KEN DONALD
CHAIRMAN