

Diseases, injuries and risk factors in Statements of Principles (SoPs) which address evidence concerning female veterans

1. SoPs specifically or largely applying to females

Some examples are:

- Malignant neoplasm of the breast (96 & 97/2014)
- Malignant neoplasm of the endometrium (11 & 12/2016)
- Malignant neoplasm of the cervix (39 & 40/2012)
- Malignant neoplasm of the ovary (70 & 71/2009)
- Endometriosis (41 & 42/2012)
- Female sexual dysfunction (95 & 96/2016)

2. SoPs concerning diseases or injuries for which females are at increased risk

Some examples are:

- Osteoporosis (98 & 99/2014)
- Stress fractures - factor for stress fractures within SoPs for fracture
- Mental health disorders - PTSD, anxiety disorder, depressive disorder, eating disorder, panic disorder

3. Risk factors relating to oral contraception, hormone replacement therapy, oestrogen therapy or reproductive factors

Some examples are:

Cerebrovascular accident (65 & 66/2015)

- for postmenopausal females only, having hormone replacement therapy for a period of at least the 21 days before the clinical onset of cerebrovascular accident

Malignant neoplasm of the breast (96 & 97/2014)

- using a combined oral contraceptive pill for a continuous period of at least three years where:
 - (i) use of the combined oral contraceptive pill commenced at least five years before the clinical onset of malignant neoplasm of the breast; and
 - (ii) where use of the combined oral contraceptive pill has ceased, the clinical onset of malignant neoplasm of the breast has occurred within 15 years of cessation; or
- breast feeding for a cumulative period of less than six months before the clinical onset of malignant neoplasm of the breast; or

Malignant neoplasm of the of the endometrium (11 & 12/2016)

- for females aged over 35 years only, being nulliparous at the time of the clinical onset of malignant neoplasm of the endometrium

Multiple sclerosis (100/2011)

- for women only, using assisted reproductive technology within the three months before the clinical worsening of multiple sclerosis

Other SoPs with similar or related risk factors are: cholelithiasis, inflammatory bowel disease, malignant neoplasm of the liver, depressive disorder, bipolar disorder, malignant neoplasm of the cervix, gingivitis, subarachnoid haemorrhage, retinal vascular occlusive disease and malignant neoplasm of the ovary.

4. Inclusion of sexual assault as a traumatic stressor

A number of SoPs have a factor for exposure to traumatic stress.

One example is:

Posttraumatic stress disorder (82 & 83/2014)

- experiencing a category 1A stressor before the clinical onset of posttraumatic stress disorder

"a category 1A stressor" means one or more of the following severe traumatic events:

- (a) experiencing a life-threatening event;
- (b) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured;

Other SoPs with a category 1A stressor factor are: anxiety disorder, depressive disorder, bipolar disorder, personality disorder, panic disorder, eating disorder, adjustment disorder, acute stress disorder, alcohol use disorder, substance use disorder, suicide and attempted suicide, schizophrenia, multiple sclerosis, cerebrovascular accident, ischaemic heart disease, gingivitis, psoriasis and inflammatory bowel disease.

5. Inclusion of a factor for negative life events, including difficulties maintaining family relationships and bullying

A number of SoPs contain a factor for exposure to psychosocial stressors.

One example is:

Anxiety disorder (102 & 103/2014):

- experiencing a category 2 stressor within the one year before the clinical onset of anxiety disorder

"a category 2 stressor" means one or more of the following negative life events, the effects of which are chronic in nature and cause the person to feel on-going distress, concern or worry:

- (a) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
- (b) experiencing a problem with a long-term relationship including: the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation, or divorce;
- (c) having concerns in the work or school environment including: on-going disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful work loads, or experiencing bullying in the workplace or school environment;
- (d) experiencing serious legal issues including: being detained or held in custody, on-going involvement with the police concerning violations of the law, or court appearances associated with personal legal problems;
- (e) having severe financial hardship including: loss of employment, long periods of unemployment, foreclosure on a property, or bankruptcy;
- (f) having a family member or significant other experience a major deterioration in their health; or

(g) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability;

Other SoPs with a category 2 stressor factor are: eating disorder, bipolar disorder, adjustment disorder, depressive disorder, suicide and attempted suicide, psoriasis, inflammatory bowel disorder and multiple sclerosis.

6. Risk factors relating to pregnancy, childbirth or the puerperium

There are a number of SoPs which have pregnancy, the puerperium or problems relating to pregnancy as a risk factor for other diseases.

Some examples are:

Deep vein thrombosis (54 & 55/2012):

- being pregnant or being within the three months [two months for balance of probabilities SoP] postpartum, at the time of the clinical onset of deep vein thrombosis

Inguinal hernia (5 & 6/2013)

- the presence of increased intra-abdominal pressure within the one month before the clinical onset of inguinal hernia

"increased intra-abdominal pressure" means acute or chronic (intermittent or continuous) elevation of pressure within the abdominal cavity due to:

- (a) anti-G straining manoeuvre;
- (b) ascites;
- (c) chronic ambulatory peritoneal dialysis;
- (d) extensive intra-abdominal neoplastic disease;
- (e) lifting heavy weights;
- (f) physical trauma to the abdomen involving a direct blow to the abdomen;
- (g) pneumoperitoneum;
- (h) *pregnancy*;
- (i) significant coughing;
- (j) significant sneezing;
- (k) straining at micturition due to bladder outlet or urethral obstruction; or
- (l) straining at stool due to constipation or diarrhoea;

Epileptic seizure (77 & 78/2013)

- having malignant hypertension, hypertensive encephalopathy or eclampsia within the four weeks before the clinical onset of an epileptic seizure

SoPs with this or similar factors are: varicose veins of the lower limb, immune thrombocytopaenic purpura, malaria, pulmonary thromboembolism, deep vein thrombosis, diabetes mellitus, cerebrovascular accident, aplastic anaemia, epileptic seizure, gingivitis, haemorrhoids, psoriasis, hepatitis E, hypothyroidism, chronic venous insufficiency of the lower limb, rheumatic heart disease, myasthenia gravis, hereditary spherocytosis, carpal tunnel syndrome, cholelithiasis, herpes simplex, coeliac disease and gastro-oesophageal reflux disease.

7. Different doses in factors where the evidence allows

A distinction between doses for males and females is often difficult to quantify due to lack of studies which specifically measure exposures in females. The RMA has been able to make a lower dose for alcohol consumption in relation to a number of SoPs. It has also been recognised that measures of overweight and obesity are different in males and females. Evidence concerning different quantities of load bearing in females compared to males in relation to musculoskeletal conditions is insufficient in quality and quantity at present.

It should be noted that the RMA determines doses that are the lowest possible while being consistent with the evidence. This means that SoP factors make allowance for populations that may be more vulnerable, including females.

Alcohol

One example is:

Cirrhosis of the liver (1 & 2/2017)

- for males, consuming at least 110 kilograms [150 kilograms for balance of probabilities SoP] of alcohol within any 10 year period before the clinical onset of cirrhosis of the liver
- for females, consuming at least 55 kilograms [75 kilograms for balance of probabilities SoP] of alcohol within any 10 year period before the clinical onset of cirrhosis of the liver

Other SoPs with different alcohol doses for males and females are: osteoporosis, subarachnoid haemorrhage, porphyria cutanea tarda, cardiomyopathy and haemochromatosis.

Waist circumference

Some examples are:

Ischaemic heart disease (1 & 2/2016)

- being obese means:
 - (a) having a Body Mass Index (BMI) of 30 or greater; or
 - (b) for males, having a waist circumference exceeding 102 centimetres; or
 - (c) for females, having a waist circumference exceeding 88 centimetres.

Osteoarthritis (13 & 14/2010).

- for osteoarthritis of a joint of the lower limb or hand joint only,
 - for males, having a waist to hip circumference ratio exceeding 1.0 for at least 10 years, before the clinical onset of osteoarthritis in that joint
 - for females, having a waist to hip circumference ratio exceeding 0.9 for at least 10 years, before the clinical onset of osteoarthritis in that joint