

DRAFT

Statement of Principles  
concerning  
**GASTRO-OESOPHAGEAL REFLUX  
DISEASE**

[ THIS INSTRUMENT REPLACES INSTRUMENT NO. 23 OF 1994 ]

**ICD CODE: 530.11, 530.2, 530.81**

Veterans' Entitlements Act 1986  
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **gastro-oesophageal reflux disease and death from gastro-oesophageal reflux disease** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986*, that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **gastro-oesophageal reflux disease or death from gastro-oesophageal reflux disease** with the circumstances of that service, are:
  - (a) having spasmodically raised intra-abdominal pressure at the time of clinical onset of gastro-oesophageal reflux disease; or
  - (b) being treated with a smooth muscle relaxant drug at the time of clinical onset of gastro-oesophageal reflux disease; or

- (c) suffering from hiatus hernia at the time of clinical onset of gastro-oesophageal reflux disease; or
- (d) undergoing a surgical procedure in the area of the lower oesophageal sphincter within five days before the clinical onset of gastro-oesophageal reflux disease; or
- (e) suffering from scleroderma at the time of clinical onset of gastro-oesophageal reflux disease; or
- (f) suffering from Zollinger-Ellison syndrome within five days before the clinical onset of gastro-oesophageal reflux disease; or
- (g) having delayed gastric emptying within five days before the clinical onset of gastro-oesophageal reflux disease; or
- (h) having increased gastric pressure within five days before the clinical onset of gastro-oesophageal reflux disease; or
- (j) smoking cigarettes or other tobacco products as an addiction before, and until the clinical onset of gastro-oesophageal reflux disease; or
- (k) exhibiting psychoactive substance abuse or dependence involving alcohol before, and involving the consumption of alcohol continuing at least until, the clinical onset of gastro-oesophageal reflux disease; or
- (m) smoking cigarettes or other tobacco products as an addiction before, and at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (n) psychoactive substance abuse or dependence involving alcohol prior to, and involving the consumption of alcohol continuing at least until, the clinical worsening of gastro-oesophageal reflux disease; or
- (o) having spasmodically raised intra-abdominal pressure at the time of clinical worsening of gastro-oesophageal reflux disease; or
- (p) being treated with a smooth muscle relaxant drug at the time of clinical worsening of gastro-oesophageal reflux disease; or
- (q) suffering from Zollinger-Ellison syndrome within five days before the clinical worsening of gastro-oesophageal reflux disease; or

- (r) having delayed gastric emptying within five days before the clinical worsening of gastro-oesophageal reflux disease; or
  - (s) having increased gastric pressure within five days before the clinical worsening of gastro-oesophageal reflux disease; or
  - (t) inability to obtain appropriate clinical management for gastro-oesophageal reflux disease.
2. Subject to clause 3 (below) at least one of the factors set out in paragraphs **1(a) to 1(t)** must be related to any service rendered by a person.
3. The factors set out in paragraphs **1(m) to 1(t)** apply only where:
- (a) the person's **gastro-oesophageal reflux disease** was contracted prior to a period, or part of a period, of service to which the factor is related; and
  - (b) the relationship suggested between the **gastro-oesophageal reflux disease** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d), or 70(5A)(d) of the Act.
4. For the purposes of this Statement of Principles:

**“area of the lower oesophageal sphincter”** means the region immediately surrounding the intra-abdominal oesophagus and the diaphragmatic crura;

**“delayed gastric emptying”** means delay in the emptying of the stomach, resulting in a higher level of gastric contents than normal;

**“DSM-IV”** means the fourth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*;

**“gastro-oesophageal reflux disease”** means the presence of regurgitation of gastric content into the oesophagus together with resultant symptomatic and/or histologic evidence of oesophageal inflammation and attracting an ICD code of 530.11, 530.2, or 530.81;

**“hiatus hernia”** means a protrusion of part of the stomach through the oesophageal hiatus determined either radiographically or by endoscopy;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the tenth edition of the *International Classification of Diseases* 9th Revision, effective date of 1 October 1993, copyrighted by

the US Commission on Professional and Hospital Activities, and having the Library of Congress number 77-94472;

**“increased gastric pressure”** means the intra-gastric pressure is continuously raised above normal levels, for example, with ascites, obesity or pregnancy;

**“psychoactive substance abuse or dependence”** means a maladaptive pattern of use, as derived from DSM-IV, attracting ICD code 303 or 304, that is indicated by either:

- (a) continued use of the substance despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by use of the substance; or
- (b) recurrent use of the substance when use is physically hazardous (for example, driving while intoxicated).

**“scleroderma”** means a multisystem disorder characterised by the association of vascular abnormalities, connective tissue sclerosis and atrophy, and auto-immune changes, attracting ICD code 710.1;

**“smooth muscle relaxant drug”** means an anti-cholinergic or beta-adrenergic drug, aminophylline, a nitrate, or a calcium channel blocker drug;

**“spasmodically raised intra-abdominal pressure”** means an acute elevation of intra-abdominal pressure such as would occur with coughing, sneezing or intense physical effort at the rate of at least once every two hours;

**“Zollinger-Ellison syndrome”** means a condition characterised by gastric hypersecretion of acid, ulceration of the upper gastro-intestinal mucosa and usually the presence of a gastrinoma (a tumour, secreting the hormone gastrin) or a diffuse hyperplasia of the gastrin secreting beta cells of the pancreas.

Dated this *Eighth* day of *March* 1995

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

KEN DONALD  
CHAIRMAN