

# REVOKED

## Revocation and Determination

of

## Statement of Principles concerning

# GOUT

ICD CODES: 274.0, 274.10, 274.19, 274.8, 274.9

### *Veterans' Entitlements Act 1986*

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
  - (a) revokes Instrument No.7 of 1994; 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 **gout** and **death from gout**.
  - (b) For the purposes of this Statement of Principles, "**gout**" means a metabolic condition characterised by acute or chronic hyperuricaemia and tissue deposition of urate crystals, clinical manifestations of which include acute inflammatory arthritis, tenosynovitis, bursitis, or cellulitis, chronic erosive arthritis, periarticular and subcutaneous urate deposits, attracting ICD code 274.0, 274.10, 274.19, 274.8 or 274.9.

#### **Basis for determining the factors**

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **gout** and **death from gout** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **gout** or **death from gout** with the circumstances of a person's relevant service are:

- (a) suffering from one of the following diseases within the 180 days immediately before the clinical onset of gout:
  - (i) active systemic leukaemia; or
  - (ii) myeloid metaplasia; or
  - (iii) polycythaemia vera; or
  - (iv) multiple myeloma; or
- (b) being treated with a specified drug before the clinical onset of gout; or
- (c) being obese at the time of the clinical onset of gout; or
- (d) suffering from lead nephropathy before the clinical onset of gout; or
- (e) undergoing chemotherapy directed towards a substantial malignant tumour burden within the seven days immediately before the clinical onset of gout; or
- (f) suffering from one of the following diseases within the 180 days immediately before the clinical worsening of gout:
  - (i) active systemic leukaemia; or
  - (ii) myeloid metaplasia; or
  - (iii) polycythaemia vera; or
  - (iv) multiple myeloma; or
- (g) being treated with a specified drug before the clinical worsening of gout; or
- (h) being obese at the time of the clinical worsening of gout; or
- (j) suffering from lead nephropathy before the clinical worsening of gout; or

- (k) undergoing chemotherapy directed towards a substantial malignant tumour burden within the seven days immediately before the clinical worsening of gout; or
- (m) inability to obtain appropriate clinical management for gout.

### **Factors that apply only to material contribution or aggravation**

- 6. Paragraphs **5(f) to 5(m)** apply only to material contribution to, or aggravation of gout where the person's gout was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

### **Other definitions**

- 7. For the purposes of this Statement of Principles:

**“being obese”** means an increase in body weight by way of fat accumulation beyond an arbitrary limit, and due to a cause specified in the Repatriation Medical Authority's Statement about the causes of “being obese” signed by the Chairman of the Authority on 16 August 1996, attracting ICD code 278.0.

The measurement used to define “being obese” is the Body Mass Index (BMI).

The  $BMI = W/H^2$  and where:

W is the person's weight in kilograms and  
H is the person's height in metres.

“Being obese” is considered to be present when the BMI is 30 or greater. This definition excludes weight gain not resulting from fat deposition such as gross oedema, peritoneal or pleural effusion, or muscle hypertrophy. “Being obese” develops when energy intake is in excess of expenditure for a sustained period of time.

For a factor to be included as a cause of “being obese” it must have resulted in a significant weight gain, of the order of a 20% increase in baseline weight, and in association with a BMI of 30 or greater;

**“being treated with a specified drug”** means being treated with any of the drugs (including where those drugs are contained in preparations) listed in the following Table of Drugs, under the circumstances as specified in the Table, with regard to the mode of administration, dose level, minimum duration of treatment, and temporality (time relationship

between the last administration of the drug and the onset or worsening of the disease, as the case may be, where the drug has ceased);

Table of Drugs

Drug or Group of Drugs	Mode *	Dose	Minimum Duration of Treatment	Temporality
thiazide diuretic	IV, IM, O	any weekly dose	2 months	within the 28 days immediately before
furosemide	IV, IM, O	any weekly dose	2 months	within the 28 days immediately before
pyrazinamide	O	any dose on at least two days within any seven day period	2 days	within the 28 days immediately before
ethambutol	O	any dose on at least two days within any seven day period	2 days	within the 28 days immediately before
cyclosporine A	O, IV	any daily dose	one week	within the 28 days immediately before

\* Abbreviations: IV = intravenous; IM = intramuscular; O = oral

“**chemotherapy**” means systemic treatment of a malignant disease with a chemical agent which can lead to the breakdown of cells, examples of which include vincristine, busulphan, thiotepa, cytarabine, 6-mercaptopurine and chlorambucil;

“**ICD code**” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

“**lead nephropathy**” means chronic tubulointerstitial renal disease caused by exposure to lead;

“**leukaemia**” means a progressive, malignant disease of the blood forming organs, characterised by distorted proliferation and development of leukocytes and their precursors in the blood and bone marrow, attracting an ICD code in the range 204-208;

**“multiple myeloma”** means a disseminated plasma cell neoplasm of the osseous system, attracting ICD code 203.0, associated with widespread lesions of the skeletal system, hyperglobulinaemia, Bence-Jones proteinuria and normochromic, normocytic anaemia, and also includes the conditions known as myelomatosis and plasma cell myeloma;

**“myeloid metaplasia”** means a syndrome characterised by splenomegaly, anaemia, the presence of nucleated erythrocytes and immature granulocytes in the circulating blood, and extramedullary hematopoiesis in the liver and spleen, attracting ICD code 289.8;

**“polycythemia vera”** means a chronic myeloproliferative disorder, characterised by abnormal proliferation of all hematopoietic bone marrow elements and an increased red cell mass, attracting ICD code 238.4;

**“relevant service”** means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

**“substantial malignant tumour burden”** means a large mass of tumour cells, examples of which include, a bulky primary tumour such as an advanced testicular teratoma, or metastatic disease, or haematological malignancies such as leukaemia or lymphoma.

### **Application**

8. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this *Fourteenth* day of *November* 1997

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

KEN DONALD  
CHAIRMAN