Revocation and Determination

of

Statement of Principles

concerning

PSORIASIS

ICD CODE: 696.1

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.8 of 1996; 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 psoriasis and death from psoriasis.

   (b) For the purposes of this Statement of Principles, “psoriasis” means a chronic recurrent papulosquamous skin disorder attracting ICD code 696.1. Psoriasis is associated with hyperproliferation of the epidermis and is classically characterised by erythematous, sharply demarcated papules and rounded plaques, covered by silvery scale. Psoriasis usually involves the scalp and the extensor surfaces of the limbs especially the elbows and knees. There are a number of psoriatic subtypes which describe the area of involvement, for example flexural psoriasis (where the skin lesions occur on flexor surfaces such as the groin), or the pattern of cutaneous change, for example psoriasis annularis (psoriasis with lesions occurring in ring shaped patches), or the type of cutaneous lesion, for example pustular psoriasis (where pustules predominate rather than papules, plaques or macules). Psoriatic arthritis, an
erosive and usually asymmetrical oligoarthritis, may occur with this chronic recurrent papulosquamous skin disorder.

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 psoriasis and death from psoriasis 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, psoriasis or death from psoriasis is connected with the circumstances of a person’s relevant service are:

(a) undergoing treatment with lithium at the time of the clinical onset of psoriasis; or

(b) undergoing treatment with an oral or parenteral beta-blocker at the time of the clinical onset of psoriasis; or

(c) suffering trauma or other interruption to the integrity of the epidermal and dermal layers of the skin at the affected site (resulting in the occurrence of the Koebner phenomenon) within the 30 days immediately before the clinical worsening of psoriasis; or

(d) undergoing treatment with a drug from the specified list at the time of the clinical worsening of psoriasis; or

(e) suffering from alcohol dependence or alcohol abuse involving regular consumption of an average of 420 g/week of alcohol (contained within alcoholic drinks), at the time of the clinical worsening of psoriasis; or

(f) suffering from a clinically significant anxiety disorder or a clinically significant depressive disorder at the time of the clinical worsening of psoriasis; or

(g) inability to obtain appropriate clinical management for psoriasis.
Factors that apply only to material contribution or aggravation

6. Paragraphs 5(c) to 5(g) apply only to material contribution to, or aggravation of, psoriasis where the person’s psoriasis 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.

Other definitions

7. For the purposes of this Statement of Principles:

“alcohol abuse” means evidence of a maladaptive pattern of alcohol use manifested by recurrent and significant adverse consequences related to the repeated use of alcohol, attracting ICD code 305.0;

“alcohol dependence” means the presence of a constellation of cognitive, behavioural and physiological symptoms indicating the use of alcohol despite significant alcohol-related problems. The pattern of repeated self administration may result in tolerance, withdrawal and compulsive alcohol use behaviour, attracting ICD code 303;

“anxiety disorder” means any anxiety disorder attracting a diagnosis under DSM IV;

“clinically significant” means sufficient to warrant ongoing management, which may involve regular visits (for example, at least monthly), to a psychiatrist, counsellor or General Practitioner;

“depressive disorder” means any depressive disorder attracting a diagnosis under DSM IV;

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

“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;

“Koebner phenomenon” means the development of isomorphic psoriatic lesions immediately subsequent to, and at the site of, a cutaneous injury;

“other interruption to the integrity of the epidermal and dermal layers of the skin” means a range of disorders producing cutaneous vesicles; for example, drug eruption, Herpes Zoster infection and acute
dermatitis; and external forces causing damage to the skin; for example, chemical, thermal or electrical burns;

“relevant service” means:

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

“trauma” means wound, cut, laceration or abrasion of the skin, interrupting the integrity of the epidermal and dermal layers of the skin;

“undergoing treatment with a drug from the specified list” means prescribed therapeutic use of:

(i) an oral or parenteral beta-blocker (for example propranolol); or
(ii) lithium; or
(iii) chloroquine; or
(iv) hydroxychloroquine; or
(v) interferon alpha.

Application

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

Dated this Twenty-seventh day of March 1998

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

KEN DONALD
CHAIRMAN