

**Revocation and Determination**  
of  
**Statement of Principles**  
concerning  
**PEPTIC ULCER DISEASE**

**ICD-9-CM CODES: 531.4 - 531.7, 532.4 - 532.7, 533.4 - 533.7**

*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.10 of 1994 and Instrument No.218 of 1995;  
and
  - (b) determines in their place the following Statement of Principles.

**Kind of injury, disease or death**

2. (a) This Statement of Principles is about **peptic ulcer disease** and **death from peptic ulcer disease**.
- (b) For the purposes of this Statement of Principles, “**peptic ulcer disease**” means chronic gastric ulcer or chronic duodenal ulcer where
  - (i) chronic gastric ulcer is a non-malignant circumscribed loss of the mucous membrane lining the stomach extending to the submucosa; and
  - (ii) chronic duodenal ulcer is a non-malignant circumscribed loss of the mucous membrane lining the duodenum extending to the submucosa,  
attracting an ICD-9-CM code in the range 531.4 to 531.7, 532.4 to 532.7 or 533.4 to 533.7.

### **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 **peptic ulcer disease and death from peptic ulcer disease** 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, **peptic ulcer disease** or **death from peptic ulcer disease** is connected with the circumstances of a person's relevant service are:
  - (a) having *Helicobacter pylori* infection at the time of the clinical onset of peptic ulcer disease; or
  - (b) smoking at least 10 cigarettes per day at the time of the clinical onset of peptic ulcer disease; or
  - (c) for chronic gastric ulcer only, taking at least two doses per week of a non-steroidal anti-inflammatory drug, including aspirin, for two weeks, where the last dose of that medication was taken not more than seven days before the clinical onset of chronic gastric ulcer; or
  - (d) for chronic duodenal ulcer only, taking at least two doses per week of a non-aspirin non-steroidal anti-inflammatory drug, for two weeks, where the last dose of that medication was taken not more than seven days before the clinical onset of chronic duodenal ulcer; or
  - (e) smoking at least 10 cigarettes per day at the time of the clinical worsening of peptic ulcer disease; or
  - (f) for chronic gastric ulcer only, taking at least two doses per week of a non-steroidal anti-inflammatory drug, including aspirin, for two weeks, where the last dose of that medication was taken not more than seven days before the clinical worsening of chronic gastric ulcer; or
  - (g) for chronic duodenal ulcer only, taking at least two doses per week of a non-aspirin non-steroidal anti-inflammatory drug, for two weeks, where the last dose of that medication was taken not more

than seven days before the clinical worsening of chronic duodenal ulcer; or

- (h) inability to obtain appropriate clinical management for peptic ulcer disease.

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

- 6. Paragraphs **5(e) to 5(h)** apply only to material contribution to, or aggravation of, peptic ulcer disease where the person's peptic ulcer disease 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.

### **Inclusion of Statements of Principles**

- 7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

### **Other definitions**

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

**“death from peptic ulcer disease”** in relation to a person includes death from a terminal event or condition that was contributed to by the person's peptic ulcer disease;

**“*Helicobacter pylori* infection”** means an infection of the mucus layer overlying gastric-type epithelium by the bacterium *Helicobacter pylori*;

**“ICD-9-CM 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;

**“relevant service”** means:

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

**“terminal event”** means the proximate or ultimate cause of death and includes:

- a) pneumonia;

- b) respiratory failure;
- c) cardiac arrest;
- d) circulatory failure; or
- e) cessation of brain function.

**Application**

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

Dated this *Twenty-fifth* day of *February*  
1999

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

KEN DONALD  
CHAIRMAN