

## Revocation and Determination

of

## Statement of Principles concerning

# HYPERTENSION

ICD-10-AM CODES: I10, I11, I12, I13, I15

*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.25 of 1999; 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 **hypertension** and **death from hypertension**.
- (b) For the purposes of this Statement of Principles, "**hypertension**" means permanently elevated blood pressure, evidenced by:
  - (i) a usual blood pressure reading where the systolic reading is greater than or equal to 140 mmHg and/ or where the diastolic reading is greater than or equal to 90 mmHg; or
  - (ii) the regular administration of antihypertensive therapy to reduce blood pressure,

attracting ICD codes I10, I11, I12, I13 or I15. This definition excludes temporary elevations in blood pressure from conditions such as acute renal failure, neurogenic hypertension, eclampsia, pre-eclampsia or medications.

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

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **hypertension and death from hypertension** 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 **hypertension** or **death from hypertension** with the circumstances of a person's relevant service are:
  - (a) being obese at the time of the clinical onset of hypertension; or
  - (b) suffering from alcohol dependence or alcohol abuse, involving consumption of an average of at least 200 grams per week of alcohol (contained within alcoholic drinks) at the time of the clinical onset of hypertension; or
  - (c) ingesting at least 12 grams (200 mmol) of salt supplements per day on average for a continuous period of at least six months immediately before the clinical onset of hypertension; or
  - (d) suffering from renal artery stenosis at the time of the clinical onset of hypertension; or
  - (e) suffering from chronic renal failure at the time of the clinical onset of hypertension; or
  - (f) suffering from a chronic renal parenchymal disease or injury at the time of the clinical onset of hypertension; or
  - (g) suffering from a renin-secreting neoplasm at the time of the clinical onset of hypertension; or
  - (h) suffering from Cushing's syndrome, primary aldosteronism, pheochromocytoma or hypothyroidism at the time of the clinical onset of hypertension; or

- (j) suffering from a collagen vascular disease with renal involvement at the time of the clinical onset of hypertension; or
- (k) suffering an injury to a kidney causing scarring of that kidney or suffering an injury to a renal artery causing stenosis of that artery before the clinical onset of hypertension; or
- (m) undergoing treatment with a drug for a condition for which the drug cannot be ceased or substituted and which drug has caused an increase in blood pressure, at the time of the clinical onset of hypertension; or
- (n) suffering from sleep apnoea at the time of the clinical onset of hypertension; or
- (o) being obese at the time of the clinical worsening of hypertension; or
- (p) suffering from alcohol dependence or alcohol abuse involving consumption of an average of at least 200 grams per week of alcohol (contained within alcoholic drinks), at the time of the clinical worsening of hypertension; or
- (q) ingesting at least 12 grams (200 mmol) of salt supplements per day on average for a continuous period of at least six months immediately before the clinical worsening of hypertension; or
- (r) suffering from chronic renal failure at the time of the clinical worsening of hypertension; or
- (s) suffering from a chronic renal parenchymal disease or injury at the time of the clinical worsening of hypertension; or
- (t) suffering from a renin-secreting neoplasm at the time of the clinical worsening of hypertension; or
- (u) suffering from Cushing's syndrome, primary aldosteronism, pheochromocytoma or hypothyroidism at the time of the clinical worsening of hypertension; or
- (v) suffering from a collagen vascular disease with renal involvement at the time of the clinical worsening of hypertension; or

- (w) suffering an injury to a kidney causing scarring of that kidney or suffering an injury to a renal artery causing stenosis of that artery before the clinical worsening of hypertension; or
- (x) undergoing treatment with a drug for a condition for which the drug cannot be ceased or substituted and which drug has caused an increase in the blood pressure, at the time of the clinical worsening of hypertension; or
- (y) suffering from sleep apnoea at the time of the clinical worsening of hypertension; or
- (z) inability to obtain appropriate clinical management for hypertension.

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

6. Paragraphs 5(o) to 5(z) apply only to material contribution to, or aggravation of, hypertension where the person's hypertension 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.

### **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:

**“alcohol abuse”** means the presence of cognitive, behavioural or physiological symptoms indicating the use of alcohol despite significant alcohol-related problems, however these symptoms have never met the criteria for alcohol dependence. Additionally, signs of tolerance or withdrawal are absent;

**“alcohol (contained within alcoholic drinks)”** is measured by the alcohol consumption calculations utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink;

**“alcohol dependence”** means the presence of a constellation of cognitive, behavioural and physiological symptoms indicating the continuing or past consumption of alcohol despite significant alcohol-

related problems. The pattern of repeated self administration may result in tolerance, withdrawal and compulsive alcohol use behaviour;

**“being obese”** means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 30 or greater.

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

W is the person’s weight in kilograms and  
H is the person’s height in metres;

**“chronic renal failure”** means renal injury of a sustained nature that is not reversible and leads to destruction of nephron mass, and is associated with a demonstrable functional abnormality of the kidney;

**“chronic renal parenchymal disease or injury”** means chronic irreversible renal parenchymal damage from conditions such as

- (i) chronic pyelonephritis; or
- (ii) chronic glomerulonephritis; or
- (iii) diabetic nephrosclerosis; or
- (iv) obstructive nephropathy; or
- (v) analgesic nephropathy; or
- (vi) renal tuberculosis; or
- (vii) polycystic kidney disease; or
- (viii) renal ischaemia/infarction;

**“collagen vascular disease”** means an autoimmune disorder which causes vasculitis;

**“Cushing’s syndrome”** means a condition due to hyperadrenocorticism resulting from neoplasms of the adrenal cortex or the anterior lobe of the pituitary, or from prolonged excessive intake of glucocorticoids for therapeutic purposes;

**“death from hypertension”** in relation to a person includes death from a terminal event or condition that was contributed to by the person’s hypertension;

**“hypothyroidism”** means the functional state resulting from insufficiency of thyroid hormones;

**“ICD-10-AM code”** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian

Modification (ICD-10-AM), Second Edition, effective date of 1 July 2000, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 271 3;

**“phaeochromocytoma”** means a neoplasm of chromaffin tissue usually located in the adrenal medulla or sympathetic ganglion, which produces, stores and secretes catecholamines;

**“primary aldosteronism”** means a syndrome associated with hypersecretion of the major adrenal mineralocorticoid, aldosterone;

**“relevant service”** means:

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

**“renal artery stenosis”** means at least 50% narrowing of the lumen of a renal artery, and which produces clinical manifestations which are poorly controlled hypertension, renal impairment, or acute pulmonary oedema. Causes of renal artery stenosis include atherosclerosis, fibromuscular dysplasia, dissection, fibrosis or scarring (following surgery or trauma) and external compression;

**“renin-secreting neoplasm”** means a neoplasm that secretes renin, an enzyme that converts angiotensinogen to angiotensin I;

**“salt supplement”** means salt added to food when cooking or eating, or salt contained in salt tablets;

**“sleep apnoea”** means a form of sleep disordered breathing characterised by periods of cessation and/or reduction in airflow at the nose and mouth occurring during sleep. Such episodes should last at least 10 seconds, leading to the clinical features of sleep apnoea syndrome (such as, excessive daytime sleepiness, impaired memory and concentration, morning headaches, pulmonary hypertension, right heart failure or respiratory failure);

“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 120A of the Act applies.

Dated this **Twenty-fourth** day of  
**May** 2001

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

KEN DONALD  
CHAIRMAN