

**Revocation and Determination**  
of  
**Statement of Principles**  
concerning  
**SUBARACHNOID HAEMORRHAGE**

*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.48 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 **subarachnoid haemorrhage** and **death from subarachnoid haemorrhage**.
- (b) For the purposes of this Statement of Principles, “**subarachnoid haemorrhage**” means bleeding into the subarachnoid space, excluding bleeding resulting from:
  - (i) a cerebral tumour where the bleeding extends into the subarachnoid space;
  - (ii) an intracerebral haemorrhage where the bleeding extends into the subarachnoid space;
  - (iii) trauma to the brain or skull; or
  - (iv) bleeding disorders other than those associated with anticoagulant, thrombolytic or aspirin therapy.
- (c) Subarachnoid haemorrhage attracts ICD-10-AM code I60 or O99.4.

- (d) In the application of this Statement of Principles, the definition of “**subarachnoid haemorrhage**” is that given at para 2(b) above.

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

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **subarachnoid haemorrhage** and **death from subarachnoid haemorrhage** 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 **subarachnoid haemorrhage** or **death from subarachnoid haemorrhage** with the circumstances of a person’s relevant service are:
- (a) the presence of hypertension before the clinical onset of subarachnoid haemorrhage; or
  - (b) for men, drinking at least 7.5 kilograms of alcohol within the year immediately before the clinical onset of subarachnoid haemorrhage; or
  - (c) for women, drinking at least five kilograms of alcohol within the year immediately before the clinical onset of subarachnoid haemorrhage; or
  - (d) using an oral contraceptive pill for a period of at least three weeks immediately before the clinical onset of subarachnoid haemorrhage; or
  - (e) smoking at least five cigarettes per day or the equivalent thereof in other tobacco products, for a period of at least five years before the clinical onset of subarachnoid haemorrhage, and where smoking has ceased, the clinical onset has occurred within 10 years of cessation; or
  - (f) undergoing anticoagulant therapy at the time of the clinical onset of subarachnoid haemorrhage; or

- (g) undergoing thrombolytic therapy at the time of the clinical onset of subarachnoid haemorrhage; or
- (h) consuming at least 2100 mg of aspirin within a seven day period within the 21 days immediately before the clinical onset of subarachnoid haemorrhage; or
- (i) undergoing strenuous physical activity within the thirty minutes immediately before the clinical onset of subarachnoid haemorrhage; or
- (j) using cocaine within the 72 hours immediately before the clinical onset of subarachnoid haemorrhage; or
- (k) being pregnant, undergoing childbirth, or being within the puerperal period at the time of the clinical onset of subarachnoid haemorrhage; or
- (l) experiencing a severe stressor, which causes a temporary aggravation of hypertension, within the 14 days, immediately before the clinical onset of subarachnoid haemorrhage; or
- (m) suffering an intracranial mycotic aneurysm or intracranial mycotic arteritis at the time of the clinical onset of subarachnoid haemorrhage; or
- (n) suffering an intracranial dissecting aneurysm at the time of the clinical onset of subarachnoid haemorrhage; or
- (o) suffering from an inflammatory vascular disease affecting the cerebral vessels at the time of the clinical onset of the subarachnoid haemorrhage; or
- (p) inability to obtain appropriate clinical management for subarachnoid haemorrhage.

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

6. Paragraph 5(p) applies only to material contribution to, or aggravation of, subarachnoid haemorrhage where the person's subarachnoid haemorrhage 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”** is measured by the alcohol consumption calculations utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink;

**“anticoagulant therapy”** means therapeutic administration of a pharmacological agent which suppresses, delays or nullifies blood coagulation, (such as heparin, warfarin or dicumarol), but excludes antiplatelet therapy such as aspirin, clopidogrel, ticlopidine or monoclonal antibodies and recombinant and chemically synthesised peptides that block platelet adhesion or aggregation;

**“cigarettes per day or the equivalent thereof in other tobacco products”** means either cigarettes, pipe tobacco or cigars, alone or in any combination where one tailor made cigarette approximates one gram of tobacco; or one gram of cigar, pipe or other smoking tobacco by weight;

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

**“experiencing a severe stressor”** means the person experienced, witnessed, or was confronted with an event or events that involved actual or threat of death or serious injury, or a threat to the person’s, or another person’s, physical integrity.

In the setting of service in the Defence Forces, or other service where the Veterans’ Entitlements Act applies, events that qualify as severe stressors include:

- (i) threat of serious injury or death; or
- (ii) engagement with the enemy; or
- (iii) witnessing casualties or participation in or observation of casualty clearance, atrocities or abusive violence;

**“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), Third Edition, effective date of 1 July 2002, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 413 9;

**“inflammatory vascular disease”** means one of the following diseases :

- (a) allergic granulomatous angiitis;
- (b) Behcet’s disease;
- (c) giant-cell arteritis;
- (d) polyarteritis nodosa;
- (e) serum sickness;
- (f) Sjogren’s syndrome;
- (g) systemic lupus erythematosus;
- (h) Takayasu’s disease; or
- (i) Wegener’s granulomatosis;

**“intracranial dissecting aneurysm”** means a longitudinal splitting of the wall of a cerebral artery which produces a tear in the intima and permits blood to escape between the layers of the vessel wall;

**“intracranial mycotic aneurysm”** means a localised abnormal dilatation of a cerebral blood vessel due to destruction of all or part of its wall as a result of a bacterial or fungal infective process;

**“puerperal period”** means the period of 42 days following the end of the third stage of labour;

**“relevant service”** means:

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

**“strenuous physical activity”** means physical activity greater than 11 METS, where a “MET” is a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

**“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;

**“thrombolytic therapy”** means therapeutic administration of a pharmacological agent in order to dissolve a thrombus, retard fibrin deposition on established thrombi or prevent the formation of new thrombi, (and includes agents such as streptokinase, urokinase, tissue plasminogen activator, pro-urokinase, acyl-SK-plasminogen, anistreplase, alteplase, defibrotide, duteplase, lanoteplase, monteplase, nasaruplase, saruplase, staphylokinase or reteplase).

**Application**

- 9. This Instrument applies to all matters to which section 120A of the Act applied.

Dated this **Twelfth** day of **August**  
2003

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

KEN DONALD  
CHAIRMAN