Statement of Principles
concerning

GOUT

No. 30 of 2010

for the purposes of the

Veterans’ Entitlements Act 1986
and
Military Rehabilitation and Compensation Act 2004

Title
1. This Instrument may be cited as Statement of Principles concerning gout No. 30 of 2010.

Determination
2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 11 of 2000, as amended by Instrument No. 43 of 2003, concerning gout; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death
3. (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 hyperuricaemia and tissue deposition of urate crystals. Clinical manifestations typically include acute inflammatory arthritis, tenosynovitis, bursitis, chronic erosive arthritis and periarticular or subcutaneous urate deposits.
   (c) Gout attracts ICD-10-AM code M10.
   (d) In the application of this Statement of Principles, the definition of "gout" is that given at paragraph 3(b) above.
Basis for determining the factors

4. 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 under the VEA, or members under the Military Rehabilitation and Compensation Act 2004 (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor 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 is:

(a) having a specified haematological disorder at the time of the clinical onset of gout; or

(b) being treated with a drug or a drug from a class of drugs as specified, before the clinical onset of gout; or

(c) being overweight at the time of the clinical onset of gout; or

(d) having lead nephropathy before the clinical onset of gout; or

(e) undergoing chemotherapy for a malignant tumour within the seven days before the clinical onset of gout; or

(f) consuming an average of at least 150 grams of alcohol per week for a continuous period of at least the three months before the clinical onset of gout; or

(g) consuming at least 60 grams of alcohol within the 48 hours before the clinical onset of gout; or

(h) consuming at least 500 grams of red meat or offal per week for the three months before the clinical onset of gout; or

(i) consuming at least 200 grams of red meat or offal within the 48 hours before the clinical onset of gout; or

(j) consuming at least 120 grams of seafood per week for the three months before the clinical onset of gout; or
(k) consuming at least 120 grams of seafood within the 48 hours before the clinical onset of gout; or

(l) consuming at least 400 millilitres per day of a beverage containing fructose, on more days than not, for a period of at least the three months before the clinical onset of gout; or

(m) being postmenopausal at the time of the clinical onset of gout; or

(n) undergoing a solid organ or bone marrow transplant, before the clinical onset of gout; or

(o) having chronic renal failure at the time of the clinical onset of gout; or

(p) having hypertension before the clinical onset of gout; or

(q) having dyslipidaemia before the clinical onset of gout; or

(r) having type 2 diabetes mellitus before the clinical onset of gout; or

(s) fasting for a continuous period of at least 24 hours within the one week before the clinical onset of gout; or

(t) having a specified haematological disorder at the time of the clinical worsening of gout; or

(u) being treated with a drug or a drug from a class of drugs as specified, before the clinical worsening of gout; or

(v) being overweight at the time of the clinical worsening of gout; or

(w) having lead nephropathy before the clinical worsening of gout; or

(x) undergoing chemotherapy for a malignant tumour within the seven days before the clinical worsening of gout; or

(y) consuming an average of at least 150 grams of alcohol per week for a continuous period of at least the three months before the clinical worsening of gout; or

(z) consuming at least 60 grams of alcohol within the 48 hours before the clinical worsening of gout; or
(aa) consuming at least 500 grams of red meat or offal per week for the three months before the clinical worsening of gout; or

(bb) consuming at least 200 grams of red meat or offal within the 48 hours before the clinical worsening of gout;

(cc) consuming at least 120 grams of seafood per week for the three months before the clinical worsening of gout; or

(dd) consuming at least 120 grams of seafood within the 48 hours before the clinical worsening of gout; or

(ee) consuming at least 400 millilitres per day of a beverage containing fructose, on more days than not, for a period of at least the three months before the clinical worsening of gout; or

(ff) being postmenopausal at the time of the clinical worsening of gout; or

(gg) undergoing a solid organ or bone marrow transplant, before the clinical worsening of gout; or

(hh) having chronic renal failure at the time of the clinical worsening of gout; or

(ii) having hypertension before the clinical worsening of gout; or

(jj) having dyslipidaemia before the clinical worsening of gout; or

(kk) having type 2 diabetes mellitus before the clinical worsening of gout; or

(ll) fasting for a continuous period of at least 24 hours within the one week before the clinical worsening of gout; or

(mm) inability to obtain appropriate clinical management for gout.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(t) to 6(mm) 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.

Inclusion of Statements of Principles

8. 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 as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a specified haematological disorder" means:
(a) a lymphoproliferative disorder;
(b) a myeloproliferative disorder;
(c) haemolytic anaemia; or
(d) secondary polycythaemia;

"alcohol" is measured by the alcohol consumption calculations utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink;

"being overweight" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 25 or greater.

The BMI = \( \frac{W}{H^2} \) and where:
W is the person’s weight in kilograms and
H is the person’s height in metres;

"being treated with a drug or a drug from a class of drugs as specified" means being treated with any drug or drug from a class of 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, where the drug has ceased):

Table of Drugs:

<table>
<thead>
<tr>
<th>Drug or Class of Drugs</th>
<th>Mode *</th>
<th>Dose</th>
<th>Minimum Duration of Treatment</th>
<th>Temporality</th>
</tr>
</thead>
<tbody>
<tr>
<td>thiazide diuretic</td>
<td>IV, IM, O</td>
<td>any weekly dose</td>
<td>2 months</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>loop diuretic</td>
<td>IV, IM, O</td>
<td>any weekly dose</td>
<td>2 months</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>pyrazinamide</td>
<td>O</td>
<td>any dose on at least two days within any seven day period</td>
<td>2 days</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>ethambutol</td>
<td>O</td>
<td>any dose on at least two</td>
<td>2 days</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>Drug</td>
<td>Route</td>
<td>Dose</td>
<td>Duration</td>
<td>Before</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------</td>
<td>---------------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>cyclosporine A</td>
<td>O, IV</td>
<td>any daily dose</td>
<td>one week</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>tacrolimus</td>
<td>O, IV</td>
<td>any daily dose</td>
<td>2 months</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>mycophenolate</td>
<td>O, IV</td>
<td>any daily dose</td>
<td>2 months</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>azathioprine</td>
<td>O, IV</td>
<td>any dose</td>
<td>2 months</td>
<td>within the 28 days before</td>
</tr>
<tr>
<td>allopurinol#</td>
<td>O</td>
<td>any dose</td>
<td>2 days</td>
<td>within the 7 days before</td>
</tr>
<tr>
<td>probenecid#</td>
<td>O</td>
<td>any dose</td>
<td>2 days</td>
<td>within the 7 days before</td>
</tr>
</tbody>
</table>

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

# where this drug is not being taken for the treatment of gout

"**chronic renal failure**" means a glomerular filtration rate which is permanently less than 60 millilitres per minute;

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

"**dyslipidaemia**" generally means evidence of a persistently abnormal lipid profile after the accurate evaluation of serum lipids following a 12 hour overnight fast, and estimated on a minimum of two occasions as a:

(a) total serum cholesterol level greater than or equal to 5.5 millimoles per litre (mmol/L); or
(b) serum triglyceride level greater than or equal to 2.0 mmol/L; or
(c) having a high density lipoprotein cholesterol level less than 1.0 mmol/L;

"**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), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"**red meat**" means pork, lamb or beef, or products made from these meats;
"relevant service" means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) warlike service under the MRCA; or
(e) non-warlike service under the MRCA;

"seafood" means shellfish or fish;

"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
10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect
11. This Instrument takes effect from 12 May 2010.

Dated this twenty-second day of April 2010.

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

KEN DONALD
CHAIRPERSON