Statement of Principles concerning
STEATOHEPATITIS
No. 80 of 2013
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 steatohepatitis No. 80 of 2013.

Determination
2. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 56 of 2005 concerning steatohepatitis; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about steatohepatitis and death from steatohepatitis.
   (b) For the purposes of this Statement of Principles, "steatohepatitis" means the presence of fatty change and inflammation of the liver with hepatocyte injury (ballooning), with or without fibrosis. This definition includes alcoholic steatohepatitis and non-alcoholic steatohepatitis (NASH), but excludes hepatits associated with viruses, drugs (other than alcohol), Wilson’s disease, haemochromatosis, biliary obstruction or alpha-1 antitrypsin deficiency.
Basis for determining the factors

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that steatohepatitis and death from steatohepatitis can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, steatohepatitis or death from steatohepatitis is connected with the circumstances of a person’s relevant service is:

   (a) being obese at the time of the clinical onset of steatohepatitis; or
   (b) having an increase in waist circumference due to fat accumulation, resulting in a waist circumference of greater than 80 centimetres in women or greater than 94 centimetres in men, at the time of the clinical onset of steatohepatitis; or
   (c) having diabetes mellitus at the time of the clinical onset of steatohepatitis; or
   (d) having dyslipidaemia at the time of the clinical onset of steatohepatitis; or
   (e) receiving total parenteral nutrition for at least three months within the six months before the clinical onset of steatohepatitis; or
   (f) for men, consuming at least 75 kilograms of alcohol within any five year period before the clinical onset of steatohepatitis; or
   (g) for women, consuming at least 40 kilograms of alcohol within any five year period before the clinical onset of steatohepatitis; or
   (h) undergoing jejunoileal bypass surgery before the clinical onset of steatohepatitis; or
   (i) having rapid weight loss within the one year before the clinical onset of steatohepatitis; or
   (j) having lipodystrophy before the clinical onset of steatohepatitis; or
   (k) inability to obtain appropriate clinical management for steatohepatitis.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(k) applies only to material contribution to, or aggravation of, steatohepatitis where the person’s steatohepatitis 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:

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

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty 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;

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

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

"lipodystrophy" means a condition due to defective metabolism of fat, resulting in the absence of subcutaneous fat and may be partial or total;

"rapid weight loss" means reduction of body mass by at least 20 percent, within a continuous period of no more than six months;

"relevant service" means:
(a) eligible war service (other than operational service) under the VEA;
(b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
(c) peacetime service under the MRCA;

"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;
"total parenteral nutrition" means delivery of nutriments solely by the intravenous route.

Application

10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 13 November 2013.

Dated this first day of November 2013

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON