

Statement of Principles concerning COELIAC DISEASE (Balance of Probabilities) (No. 30 of 2020)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 24 April 2020

The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of:

hata

Professor Nicholas Saunders AO Chairperson

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1 Name

This is the Statement of Principles concerning *coeliac disease (Balance of Probabilities)* (No. 30 of 2020).

2 Commencement

This instrument commences on 25 May 2020.

3 Authority

This instrument is made under subsection 196B(3) of the Veterans' Entitlements Act 1986.

4 Repeal

The Statement of Principles concerning coeliac disease No. 2 of 2011 (Federal Register of Legislation No. F2010L03249) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 **Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about coeliac disease and death from coeliac disease.

Meaning of coeliac disease

- (2) For the purposes of this Statement of Principles, coeliac disease:
 - (a) means a malabsorption disorder in susceptible people due to immune-mediated mucosal inflammation of the small intestine, characterised by villous atrophy and crypt hyperplasia, and triggered by hypersensitivity to ingested gluten; and
 - (b) excludes:
 - (i) non-coeliac gluten sensitivity;
 - (ii) non-coeliac wheat protein sensitivity; and
 - (iii) wheat allergy.
 - Note 1: Coeliac disease is associated with autoantibodies to tissue transglutaminase (tTG-IgA) and to endomysium (EMA-IgA).

Note 2: Coeliac disease is characterised by other gastrointestinal manifestations in addition to malabsorption, and by extraintestinal manifestations involving a wide range of organ systems.

- (3) While coeliac disease attracts ICD-10-AM code K90.0, in applying this Statement of Principles the meaning of coeliac disease is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from coeliac disease

(5) For the purposes of this Statement of Principles, coeliac disease, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's coeliac disease.

Note: terminal event is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that coeliac disease and death from coeliac disease can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: MRCA, relevant service and VEA are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, coeliac disease or death from coeliac disease is connected with the circumstances of a person's relevant service:

- (1) being treated with interferon alpha within the six months before the clinical worsening of coeliac disease;
- (2) being treated with a proton pump inhibitor or a histamine-2 receptor antagonist, on more days than not, for at least the six months before the clinical worsening of coeliac disease;
 - Note 1: Examples of proton pump inhibitors include esomeprazole, lansoprazole, omeprazole, pantoprazole and rabeprazole.
 - Note 2: Examples of histamine-2 receptor antagonists include cimetidine, famotidine, nizatidine and ranitidine.
- (3) inability to maintain a gluten-free diet at the time of the clinical worsening of coeliac disease;

(4) inability to obtain appropriate clinical management for coeliac disease.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(1) to 9(4) apply only to material contribution to, or aggravation of, coeliac disease where the person's coeliac disease was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

coeliac disease—see subsection 7(2).

MRCA means the Military Rehabilitation and Compensation Act 2004.

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.

Note: MRCA and VEA are also defined in the Schedule 1 - Dictionary.

terminal event means the proximate or ultimate cause of death and includes the following:

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

VEA means the Veterans' Entitlements Act 1986.