

# REVOKED

## Statement of Principles

concerning

## **ISCHAEMIC HEART DISEASE**

**ICD CODES: 410 - 414**

Veterans' Entitlements Act 1986  
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **ischaemic heart disease and death from ischaemic heart disease** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority hereby determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986*, that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **ischaemic heart disease or death from ischaemic heart disease** with the circumstances of that service, are:
  - (a) the presence of hypertension before the clinical onset of ischaemic heart disease; or
  - (b) the presence of diabetes mellitus before the clinical onset of ischaemic heart disease; or
  - (c) the presence of persistent obesity before the clinical onset of ischaemic heart disease; or
  - (d) the presence of dyslipidaemia before the clinical onset of ischaemic heart disease; or

- (e) smoking at least five cigarettes per day or the equivalent thereof, in other tobacco products, for at least three years before the clinical onset of ischaemic heart disease and, where smoking has ceased, the clinical onset has occurred within 15 years of cessation; or
- (f) immersion in an atmosphere with a visible smoke haze in an enclosed space for at least 20 hours per week, for a period or periods of time totalling at least five years, provided such period or the last period of which, if now ended, did not end more than 15 years before the clinical onset of ischaemic heart disease; or
- (g) an inability to undertake vigorous or moderate leisure time activity for a continuous five year period, after service, immediately before the clinical onset of ischaemic heart disease; or
- (h) suffering from hyperhomocystinemia before the clinical onset of ischaemic heart disease; or
- (j) suffering from chronic renal disease before the clinical onset of ischaemic heart disease; or
- (k) suffering from hypothyroidism before the clinical onset of ischaemic heart disease; or
- (m) the presence of hypertension which developed before the clinical worsening of ischaemic heart disease; or
- (n) the presence of diabetes mellitus which developed before the clinical worsening of ischaemic heart disease; or
- (o) the presence of persistent obesity which developed before the clinical worsening of ischaemic heart disease; or
- (p) suffering from dyslipidaemia which developed before the clinical worsening of ischaemic heart disease; or
- (q) smoking at least five cigarettes per day or the equivalent of, in other tobacco products, for at least three years before the clinical worsening of ischaemic heart disease and, where smoking has ceased, the clinical worsening has occurred within 15 years of that cessation; or

- (r) immersion in an atmosphere with a visible smoke haze in an enclosed space for at least 20 hours per week, for a period or periods of time totalling at least five years, provided such period or the last period of which, if now ended, did not end more than 15 years before the clinical worsening of ischaemic heart disease; or
  - (s) an inability to undertake vigorous or moderate leisure time activity for a continuous five year period, after service, immediately before the clinical worsening of ischaemic heart disease; or
  - (t) suffering from chronic renal disease before the clinical worsening of ischaemic heart disease; or
  - (u) suffering from hypothyroidism before the clinical worsening of ischaemic heart disease; or
  - (v) inability to obtain appropriate clinical management for ischaemic heart disease.
2. Subject to clause 3 (below) at least one of the factors set out in paragraphs **1(a) to 1(v)** must be related to any service rendered by a person.
  3. The factors set out in paragraphs **1(m) to 1(v)** apply only where:
    - (a) the person's **ischaemic heart disease** was contracted before a period, or part of a period, of service to which the factor is related; and
    - (b) the relationship suggested between the **ischaemic heart disease** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d), or 70(5A)(d) of the Act.
  4. For the purpose of this Statement of Principles:

**“chronic renal disease”** 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 which raises the level of creatinine, attracting ICD code 585;

**“diabetes mellitus”** means an endocrine disease, attracting ICD code 250, that is characterised by a fasting venous plasma glucose concentration equal to or greater than 7.8 millimoles per litre on at least two separate occasions or a venous plasma glucose concentration equal to or greater than 11.1 millimoles per litre both within two hours and at two hours after ingestion of 75 grams of glucose;

**“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:

- total serum cholesterol level greater than or equal to 5.5 mmol/L;  
or
- fasting serum triglyceride level greater than or equal to 2.0 mmol/L together with high density lipoprotein cholesterol level less than 0.9 mmol/L;

Note: the source for this definition is: NHF Australia, Guide to Plasma Lipids for Doctors;  
Current Therapeutics, Vol 33 Supplement 1, 1992.

**“hyperhomocystinemia”** means a condition that arises from impaired methionine metabolism, attracting ICD code 270.4, probably due to a heterozygous deficiency of the enzyme cystathionine  $\beta$ -synthase.

Note: this condition results in the elevation of homocystine in serum that is not usually high enough to result in excretion of detectable amounts of homocystine in urine. It can be diagnosed by the peak serum level of non-protein-bound homocystine after a standard methionine-loading test. A level of 24.0  $\mu$ mol per litre (< 24.0 vs.  $\geq$  24.0) has been found to be more than 92 % sensitive and 100 % specific.

**“hypertension”** means:

- (a) 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
- (b) where treatment for hypertension is being administered,

attracting an ICD code in the range 401 to 405;

**“hypothyroidism”** means a deficiency of thyroid activity, attracting ICD code 243 or 244;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the tenth edition of the *International Classification of Diseases* 9th Revision, effective date of 1 October 1993, copyrighted by the US Commission on Professional and Hospital Activities, and having the Library of Congress number 77-94472;

