

# REVOKED

## Statement of Principles

concerning

## DIABETES MELLITUS

ICD CODE: 250

Veterans' Entitlements Act 1986  
subsection 196B(3)

1. Being of the view that, on the sound medical-scientific evidence available to the Repatriation Medical Authority, it is more probable than not that **diabetes mellitus** and **death from diabetes mellitus** can be related to eligible war service (other than operational service) rendered by veterans and defence service (other than hazardous service) rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(3) of the *Veterans' Entitlements Act 1986* (the Act), that the factors that must exist before it can be said that, on the balance of probabilities, **diabetes mellitus** or **death from diabetes mellitus** is connected with the circumstances of that service, are:
  - (a) in relation to *type 1* diabetes mellitus, being infected with rubella virus or Coxsackie B virus before the clinical onset of diabetes mellitus; or
  - (b) in relation to *type 2* diabetes mellitus, being obese for a period of at least ten years before the clinical onset of diabetes mellitus; or
  - (c) in relation to *type 2* diabetes mellitus, smoking at least 15 cigarettes per day for at least 25 years, and continuing to do so within the 10 years immediately before the clinical onset of diabetes mellitus; or
  - (d) suffering from gestational diabetes before the clinical onset of diabetes mellitus; or

- (e) suffering from acute pancreatitis or chronic pancreatitis before the clinical onset of diabetes mellitus; or
- (f) suffering from pancreatic cancer before the clinical onset of diabetes mellitus; or
- (g) undergoing surgery to the pancreas before the clinical onset of diabetes mellitus; or
- (h) suffering from cystic fibrosis before the clinical onset of diabetes mellitus; or
- (j) suffering from haemochromatosis before the clinical onset of diabetes mellitus; or
- (k) suffering from Cushing's syndrome before the clinical onset of diabetes mellitus; or
- (m) suffering from acromegaly before the clinical onset of diabetes mellitus; or
- (n) suffering from pheochromocytoma before the clinical onset of diabetes mellitus; or
- (o) being treated with any of the drugs from specified list No.1 of drugs no more than three months before the clinical onset of diabetes mellitus; or
- (p) being treated with immunosuppressive drugs, for organ transplantation, before the clinical onset of diabetes mellitus; or
- (q) in relation to *type 1* diabetes mellitus, being infected with rubella virus or Coxsackie B virus before the clinical worsening of diabetes mellitus; or
- (r) in relation to *type 2* diabetes mellitus, being obese for a period of at least ten years before the clinical worsening of diabetes mellitus; or
- (s) in relation to *type 2* diabetes mellitus, smoking at least 15 cigarettes per day for at least 25 years, and continuing to do so within the 10 years immediately before the clinical worsening of diabetes mellitus; or

- (t) being pregnant before the clinical worsening of diabetes mellitus;  
or
- (u) suffering from acute pancreatitis or chronic pancreatitis before  
the clinical worsening of diabetes mellitus; or
- (v) suffering from pancreatic cancer before the clinical worsening of  
diabetes mellitus; or
- (w) undergoing surgery to the pancreas before the clinical worsening  
of diabetes mellitus; or
- (x) suffering from cystic fibrosis before the clinical worsening of  
diabetes mellitus; or
- (y) suffering from haemochromatosis before the clinical worsening of  
diabetes mellitus; or
- (z) suffering from Cushing's syndrome before the clinical worsening  
of diabetes mellitus; or
- (za) suffering from acromegaly before the clinical worsening of  
diabetes mellitus; or
- (zb) suffering from phaeochromocytoma before the clinical worsening  
of diabetes mellitus; or
- (zc) being treated with any of the drugs from specified list No.1 of  
drugs no more than three months before the clinical worsening of  
diabetes mellitus; or
- (zd) being treated with either of the drugs from specified list No.2 of  
drugs no more than three months before the clinical worsening of  
diabetes mellitus; or
- (ze) being treated with immunosuppressive drugs, for organ  
transplantation, before the clinical worsening of diabetes mellitus;  
or
- (zf) inability to obtain appropriate clinical management for diabetes  
mellitus.

2. Subject to clause 3 (below) at least one of the factors set out in paragraph **1(a) to 1(zf)** must be related to any service rendered by a person.

3. The factors set out in paragraphs **1(q) to 1(zf)** apply only where:
- (a) the person's **diabetes mellitus** 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 **diabetes mellitus** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), or 70(5)(d) of the Act.

4. For the purposes of this Statement of Principles:

**“acromegaly”** means a chronic disease of adults due to hyper secretion of the pituitary growth hormone and characterised by enlargement of many parts of the skeleton especially the distal portions, the nose, ears, jaws, fingers and toes, attracting ICD code 253.0;

**“acute pancreatitis”** means an acute inflammatory condition due to auto-digestion of pancreatic tissue by its own enzymes, attracting ICD code 577.0 or 577.2, typically presenting with abdominal pain, and usually associated with raised pancreatic enzymes in blood or urine;

**“being obese”** means having a Body Mass Index (BMI) greater than 30, where:

$$\text{BMI} = \text{W} \div \text{H}^2$$

and where:

**W** is the person's weight in kilograms; and

**H** is the person's height in metres.

(for example, a person would be obese if the person weighed 120 kg and was 1.8 metres in height:  $\text{BMI} = 120 \div (1.8 \times 1.8) = 37.04$ )

**Note** : the sources for this definition are:

NH & MRC report of the 98th session, Canberra AGPS 1984;  
NH & MRC report of the 100th session, Canberra AGPS 1985;  
NHF Australia, Risk Factor Prevalence Study Survey 3, Canberra NHF & AIH, 1990.

**“being pregnant”** means having the condition of a developing embryo or foetus in the body;

**“being treated”** means five or more administrations of the drug within a 125 day period;

**“chronic pancreatitis”** means a chronic inflammatory condition typically presenting with chronic abdominal pain and a progressive fibrosis of the pancreas with loss of exocrine (steatorrhea) and endocrine (diabetes mellitus) function, attracting ICD code 577.1;

**“Coxsackie B virus”** means one of a heterogeneous group of viruses of the genus *Enterovirus*, that in humans has a tendency to affect the meninges and occasionally the cerebrum, but which can cause a wide spectrum of clinical illness;

**“Cushing's syndrome”** means the production of glucocorticoids in the adrenal gland or increased blood levels of glucocorticoids administered as therapy, attracting ICD code 255.0;

**“cystic fibrosis”** means a generalised, autosomal recessive disorder, in which there is widespread dysfunction of the exocrine glands, characterised by signs of chronic pulmonary disease, pancreatic deficiency, abnormally high levels of electrolytes in the sweat, and occasionally by biliary cirrhosis, attracting ICD code 277.0;

**“diabetes mellitus”** means an endocrine disease characterised by:

- (a) a fasting venous plasma glucose concentration of equal to or greater than 7.8 millimoles per litre on at least two separate occasions; or
- (b) 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,

attracting ICD code 250;

**“gestational diabetes”** means carbohydrate intolerance of variable severity with onset or first recognition during pregnancy, attracting ICD code 648.8;

**“haemochromatosis”** means a disorder due to deposition of haemosiderin in the parenchymal cells, causing tissue damage and dysfunction of the liver, pancreas, heart, and pituitary, attracting ICD code 275.0;

**“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;

**“immunosuppressive drugs”** means drugs or agents capable of suppressing immune responses;

**“pancreatic cancer”** means a malignant neoplasm of the cells of the pancreas, attracting ICD code 157;

**“phaeochromocytoma”** means a usually benign, well-encapsulated, lobular, vascular tumour of chromaffin tissue of the adrenal medulla or sympathetic ganglion, attracting ICD code 194.0 or 194.6 (malignant) or 227.0 or 227.6 (benign), depending on the site;

**“rubella virus”** means a member of the Togavirus family which causes rubella (German measles);

**“specified list No.1 of drugs”** means:

- (a)  $\beta$ -blockers;
- (b) Glucocorticoids;
- (c) Thiazide Diuretics;
- (d) Certain Drugs structurally similar to Thiazide Diuretics (Chlorthalidone, Quinethazone, Indapamide, Mefruside, Metolazone, Clopamide, Clorexolone and Zipamide);
- (e) Loop Diuretics;
- (f) Certain Drugs similar to Loop Diuretics (Azozemide, Muzolinine and Tielinic Acid);
- (g) Phenytoin;
- (h) Growth hormone;
- (j) Encainide;
- (k) Didanosine;

**“specified list No.2 of drugs”** means:

- (a) Oral contraceptives; and
- (b) Diazoxide;

**“type 1 diabetes mellitus”** means insulin dependent diabetes mellitus;

**“type 2 diabetes mellitus”** means non-insulin dependent diabetes mellitus.

Dated this **Twenty-fifth** day of **May**  
1995

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

KEN DONALD  
CHAIRMAN