

**Revocation**

of

**Statement of Principles**  
concerning

**AORTIC ATHEROSCLEROTIC DISEASE**

and

**Determination**

of

**Statement of Principles**  
concerning

**NON-ANEURYSMAL AORTIC**  
**ATHEROSCLEROTIC DISEASE**

**ICD-9-CM CODES: 440.0, 444.0, 444.1**

*Veterans' Entitlements Act 1986*

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
  - (a) revokes Instrument No.89 of 1995 (Statement of Principles concerning aortic atherosclerotic disease); and
  - (b) determines in its place the following Statement of Principles.

### **Kind of injury, disease or death**

2. (a) This Statement of Principles is about **non-aneurysmal aortic atherosclerotic disease** and **death from non-aneurysmal aortic atherosclerotic disease**.
- (b) For the purposes of this Statement of Principles, “**non-aneurysmal aortic atherosclerotic disease**” means the presence of atherosclerosis in the aorta, which causes either:
  - (i) a partial or complete occlusion of the abdominal aorta with clinical manifestations of claudication in the lower back, buttocks, hips, thighs, or calves, or reduced pulsation in the femoral arteries, or pallor and coldness of the lower extremities; or
  - (ii) a penetrating ulcer of the aorta with clinical manifestations of sudden onset of chest or back pain, or haemodynamic instability, or intramural haematoma, or false aortic aneurysm, or aortic rupture,  
  
attracting ICD-9-CM codes 440.0, 444.0 or 444.1.

### **Basis for determining the factors**

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **non-aneurysmal aortic atherosclerotic disease and death from non-aneurysmal aortic atherosclerotic disease** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

### **Factors that must be related to service**

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

### **Factors**

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **non-aneurysmal aortic atherosclerotic disease** or **death from non-aneurysmal aortic atherosclerotic disease** with the circumstances of a person’s relevant service are:
  - (a) 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 non-aneurysmal aortic atherosclerotic disease; or

- (b) suffering from hypertension before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (c) suffering from dyslipidaemia before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (d) suffering from diabetes mellitus before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (e) for aortic occlusive disease only, undergoing a course of therapeutic radiation to the region of the affected aorta before the clinical onset of non-aneurysmal aortic atherosclerotic disease; or
- (f) smoking at least five cigarettes per day or the equivalent thereof in other tobacco products, for at least three years before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (g) suffering from hypertension, which developed before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (h) suffering from dyslipidaemia, which developed before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (j) suffering from diabetes mellitus, which developed before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (k) for aortic occlusive disease only, undergoing a course of therapeutic radiation to the region of the affected aorta before the clinical worsening of non-aneurysmal aortic atherosclerotic disease; or
- (m) inability to obtain appropriate clinical management for non-aneurysmal aortic atherosclerotic disease.

**Factors that apply only to material contribution or aggravation**

- 6.** Paragraphs **5(f) to 5(m)** apply only to material contribution to, or aggravation of, non-aneurysmal aortic atherosclerotic disease where the person's non-aneurysmal aortic atherosclerotic disease was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

## **Inclusion of Statements of Principles**

7. 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.

## **Other definitions**

8. For the purposes of this Statement of Principles:

**“a course of therapeutic radiation”** means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

**“cigarettes per day or the equivalent thereof, in other tobacco products”** means either cigarettes, pipe tobacco or cigars, alone or in any combination where one tailor made cigarette approximates one gram of tobacco; or one gram of cigar, pipe or other smoking tobacco by weight;

**“death from non-aneurysmal aortic atherosclerotic disease”** in relation to a person includes death from a terminal event or condition that was contributed to by the person’s non-aneurysmal aortic atherosclerotic disease;

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

- (a) a fasting venous plasma glucose concentration 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;

**“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 mmol/L; or
- (b) 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;

**“hypertension”** means elevated baseline blood pressure, evidenced by:

- (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) administration of antihypertensive therapy;

**“ICD-9-CM code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

**“relevant service”** means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

**“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**

9. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this *Thirteenth* day of *October* 1998

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

KEN DONALD  
CHAIRMAN