

## Revocation and Determination

of

## Statement of Principles concerning

# SUBARACHNOID HAEMORRHAGE

ICD-9-CM CODE: 430

### *Veterans' Entitlements Act 1986*

1. The Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act):
  - (a) revokes Instrument No.385 of 1995; 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 **subarachnoid haemorrhage and death from subarachnoid haemorrhage**.
- (b) For the purposes of this Statement of Principles, “**subarachnoid haemorrhage**” means bleeding into the subarachnoid space, including rupture into the subarachnoid space of an intracranial saccular aneurysm or arteriovenous malformation, attracting ICD-9-CM code 430. This definition includes subarachnoid haemorrhage due to bleeding disorder from anticoagulant therapy or thrombolytic therapy and excludes haemorrhage due to other bleeding disorders, haemorrhage due to cerebral tumour, or haemorrhage due to trauma to the brain or to the skull.

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

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **subarachnoid haemorrhage and death from subarachnoid haemorrhage** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **subarachnoid haemorrhage or death from subarachnoid haemorrhage** is connected with the circumstances of a person's relevant service are:
  - (a) the presence of hypertension before the clinical onset of subarachnoid haemorrhage; or
  - (b) for males only, drinking at least 150 gms of alcohol (contained within alcoholic drinks) each week during the year immediately before the clinical onset of subarachnoid haemorrhage; or
  - (c) for females only, drinking at least 150 gms of alcohol (contained within alcoholic drinks) each week during the year immediately before the clinical onset of subarachnoid haemorrhage; or
  - (d) using an oral contraceptive pill for a period of at least three weeks immediately before the clinical onset of subarachnoid haemorrhage; or
  - (e) smoking at least five cigarettes per day or the equivalent thereof in other tobacco products, for a period of at least five years before the clinical onset of subarachnoid haemorrhage, and where smoking has ceased, the clinical onset has occurred within five years of cessation; or
  - (f) undergoing anticoagulant therapy at the time of the clinical onset of subarachnoid haemorrhage; or
  - (g) undergoing thrombolytic therapy at the time of the clinical onset of subarachnoid haemorrhage; or

- (h) using cocaine within the 72 hours immediately before the clinical onset of subarachnoid haemorrhage; or
- (j) being pregnant, undergoing childbirth, or being within the puerperal period at the time of the clinical onset of subarachnoid haemorrhage; or
- (k) experiencing a severe stressor, which causes a temporary aggravation of established hypertension, within the 14 days, immediately before the clinical onset of subarachnoid haemorrhage; or
- (m) suffering an intracranial mycotic aneurysm or intracranial mycotic arteritis at the time of the clinical onset of sub-arachnoid haemorrhage; or
- (n) suffering an intracranial dissecting aneurysm at the time of the clinical onset of subarachnoid haemorrhage; or
- (o) suffering from an inflammatory vascular disease affecting the cerebral vessels at the time of the clinical onset of the sub-arachnoid haemorrhage; or
- (p) inability to obtain appropriate clinical management for subarachnoid haemorrhage.

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

6. Paragraph 5(p) applies only to material contribution to, or aggravation of, subarachnoid haemorrhage where the person's subarachnoid haemorrhage was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(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:

**“alcohol (contained within alcoholic drinks)”** is measured by the alcohol consumption calculations utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink;

**“anticoagulant therapy”** means therapeutic administration of heparin, low molecular weight heparin, warfarin, danaparoid sodium, phenindione, anisindione, fluindione, dicumarol, acenocoumarol, phenprocoumon, ethyl biscoumacetate, lepirudin, nicoumalone, tiocloamarol, or fenprocoumon;

**“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 subarachnoid haemorrhage”** in relation to a person includes death from a terminal event or condition that was contributed to by the person’s subarachnoid haemorrhage;

**“experiencing a severe stressor”** means the person experienced, witnessed, or was confronted with an event or events that involved actual or threat of death or serious injury, or a threat to the person’s, or another person’s, physical integrity.

In the setting of service in the Defence Forces, or other service where the Veterans’ Entitlements Act applies, events that qualify as severe stressors include:

- (i) threat of serious injury or death; or
- (ii) engagement with the enemy; or
- (iii) witnessing casualties or participation in or observation of casualty clearance, atrocities or abusive violence;

**“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;

**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;

**“inflammatory vascular disease”** means one of the following diseases associated with vasculitis:

- (i) giant-cell arteritis; or
- (ii) Takayasu’s disease; or
- (iii) systemic lupus erythematosus; or
- (iv) Wegener’s granulomatosis; or
- (v) allergic granulomatous angiitis; or
- (vi) serum sickness; or
- (vii) Sjogren’s syndrome; or
- (viii) Behcet’s disease; or
- (ix) polyarteritis nodosa;

**“intracranial dissecting aneurysm”** means a longitudinal splitting of the arterial wall of a cerebral artery which produces a tear in the intima and establishes communication with the lumen;

**“intracranial mycotic aneurysm”** means a localised abnormal dilatation of a cerebral blood vessel due to destruction of all or part of its wall as a result of a bacterial or fungal infective process;

**“intracranial mycotic arteritis”** means inflammation of a cerebral artery from a bacterial or fungal infective process;

**“puerperal period”** means the period of 42 days following the end of the third stage of labour;

**“relevant service”** means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than 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;

**“thrombolytic therapy”** means therapeutic administration of streptokinase, urokinase, tissue plasminogen activator, pro-urokinase,

acyl-SK-plasminogen, anistreplase, alteplase, defibrotide, duteplase, lanoteplase, monteplase, nasaruplase, saruplase, staphylokinase or reteplase.

**Application**

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

Dated this *Twenty-Fourth* day of *June* 1999

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

KEN DONALD  
CHAIRMAN