

Revocation and Determination
of
Statement of Principles
concerning
**GASTRO-OESOPHAGEAL REFLUX
DISEASE**

for the purposes of the
Veterans' Entitlements Act 1986
and
Military Rehabilitation and Compensation Act 2004

1. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 52 of 2002; 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 **gastro-oesophageal reflux disease** and **death from gastro-oesophageal reflux disease**.
 - (b) For the purposes of this Statement of Principles, "**gastro-oesophageal reflux disease**" means a chronic clinical condition involving the regurgitation of gastro-duodenal contents into the oesophagus together with resultant chronic symptomatic or histological evidence of oesophageal inflammation.
 - (c) Gastro-oesophageal reflux disease attracts ICD-10-AM code K21.
 - (d) In the application of this Statement of Principles, the definition of "**gastro-oesophageal reflux disease**" is that given at paragraph 2(b) above.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **gastro-oesophageal reflux disease** and **death from gastro-oesophageal reflux disease** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

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 the relevant service rendered by the person.

Factors

5. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **gastro-oesophageal reflux disease** or **death from gastro-oesophageal reflux disease** with the circumstances of a person's relevant service is:
 - (a) having a hiatus hernia at the time of the clinical onset of gastro-oesophageal reflux disease; or
 - (b) being obese at the time of the clinical onset of gastro-oesophageal reflux disease; or
 - (c) smoking at least ten cigarettes per day, or the equivalent thereof in other tobacco products, for a continuous period of at least six months immediately before the clinical onset of gastro-oesophageal reflux disease; or
 - (d) consuming an average of at least 300 grams of alcohol per week for at least the twelve months before the clinical onset of gastro-oesophageal reflux disease; or
 - (e) undergoing a surgical procedure to the region of the oesophageal hiatus of the diaphragm within the three months before the clinical onset of gastro-oesophageal reflux disease; or
 - (f) undergoing a partial or total gastrectomy within the three months before the clinical onset of gastro-oesophageal reflux disease; or
 - (g) being treated with a smooth muscle relaxant drug, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical onset of gastro-oesophageal reflux disease; or

- (h) having scleroderma at the time of the clinical onset of gastro-oesophageal reflux disease; or
- (i) having Zollinger-Ellison syndrome at the time of the clinical onset of gastro-oesophageal reflux disease; or
- (j) eradication of *Helicobacter pylori* in a person with chronic gastritis of the stomach body only, within the six months before the clinical onset of gastro-oesophageal reflux disease; or
- (k) having Sjögren's syndrome at the time of the clinical onset of gastro-oesophageal reflux disease; or
- (l) having a hiatus hernia at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (m) being obese at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (n) smoking at least ten cigarettes per day, or the equivalent thereof in other tobacco products, for a continuous period of at least six months immediately before the clinical worsening of gastro-oesophageal reflux disease, or
- (o) consuming an average of at least 300 grams of alcohol per week for at least the twelve months before the clinical worsening of gastro-oesophageal reflux disease; or
- (p) undergoing a surgical procedure to the region of the oesophageal hiatus of the diaphragm within the three months before the clinical worsening of gastro-oesophageal reflux disease; or
- (q) undergoing a partial or total gastrectomy within the three months before the clinical worsening of gastro-oesophageal reflux disease; or
- (r) being treated with a smooth muscle relaxant drug, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (s) having scleroderma at the time of the clinical worsening of gastro-oesophageal reflux disease; or

- (t) having Zollinger-Ellison syndrome at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (u) eradication of *Helicobacter pylori* in a person with chronic gastritis of the stomach body only, within the six months before the clinical worsening of gastro-oesophageal reflux disease; or
- (v) having Sjögren's syndrome at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (w) being treated with a nonsteroidal anti-inflammatory drug, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (x) being treated with doxycycline, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (y) being treated with a drug which has been reported in a peer-reviewed medical or scientific publication to have caused acute erosive oesophagitis, for a condition for which the drug cannot be ceased or substituted, at the time of the clinical worsening of gastro-oesophageal reflux disease; or
- (z) inability to obtain appropriate clinical management for gastro-oesophageal reflux disease.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(l)** to **(z)** apply only to material contribution to, or aggravation of, gastro-oesophageal reflux disease where the person's gastro-oesophageal reflux disease was suffered or contracted before or during (but not arising out of) the person's relevant service.

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 smooth muscle relaxant drug” means:

- (a) an anti-cholinergic drug;
- (b) a beta-adrenergic drug;
- (c) a nitrate drug;
- (d) a calcium channel blocker drug;
- (e) theophylline; or
- (f) aminophylline;

“alcohol” is measured by the alcohol consumption calculations utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink;

“being obese” means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty or greater.

The $BMI = W/H^2$ and where:

W is the person’s weight in kilograms and

H is the person’s height in metres;

“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 gastro-oesophageal reflux disease” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s gastro-oesophageal reflux disease;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“relevant service” means:

- (a) operational service under the VEA; or
- (b) peacekeeping service under the VEA; or
- (c) hazardous service under the VEA; or
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

“scleroderma” means a multisystem disorder characterised by the association of vascular abnormalities, connective tissue sclerosis and atrophy, and auto-immune changes;

“Sjögren’s syndrome” means a chronic autoimmune disorder characterised by xerostomia (dry mouth), xerophthalmia (dry eyes) and lymphocytic infiltration of the exocrine glands;

“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;

“Zollinger-Ellison syndrome” means a condition characterised by gastric hypersecretion of acid, ulceration of the upper gastro-intestinal mucosa and usually the presence of a gastrinoma or a diffuse hyperplasia of the gastrin secreting beta cells of the pancreas;

Application

- 9. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 10. This Instrument takes effect from 13 April 2005.

Dated this *second* day of *April* 2005

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

KEN DONALD
CHAIRPERSON