

Revocation and Determination

of

Statement of Principles concerning

HYPERTENSION

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.31 of 2001; 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 **hypertension** and **death from hypertension**.
- (b) For the purposes of this Statement of Principles, "**hypertension**" means permanently elevated blood pressure, evidenced by:
 - (i) a usual blood pressure reading where the systolic reading is greater than or equal to 140 mmHg or where the diastolic reading is greater than or equal to 90 mmHg; or
 - (ii) the regular administration of antihypertensive therapy to reduce blood pressure,

This definition excludes temporary elevations in blood pressure from conditions such as acute renal failure, neurogenic hypertension, eclampsia, pre-eclampsia or medications.

- (c) Hypertension attracts ICD-10-AM codes I10, I11, I12, I13 or I15.
- (d) In the application of this Statement of Principles, the definition of “**hypertension**” is that given at para 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 **hypertension** and **death from hypertension** 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 **hypertension** or **death from hypertension** with the circumstances of a person’s relevant service are:
 - (a) being obese at the time of the clinical onset of hypertension; or
 - (b) consuming an average of at least 200 grams per week of alcohol which cannot be decreased to less than an average of 200 grams per week, at the time of the clinical onset of hypertension; or
 - (c) ingesting at least 12 grams (200 mmol) of salt supplements per day on average for a continuous period of at least six months immediately before the clinical onset of hypertension; or
 - (d) suffering from renal artery stenosis at the time of the clinical onset of hypertension; or
 - (e) suffering from chronic renal failure at the time of the clinical onset of hypertension; or
 - (f) having undergone renal transplantation at the time of the clinical onset of hypertension; or
 - (g) suffering from a chronic renal disease or injury at the time of the clinical onset of hypertension; or
 - (h) suffering from a renin-secreting neoplasm at the time of the clinical onset of hypertension; or

- (i) suffering from:
 - (i) Cushing's syndrome,
 - (ii) primary aldosteronism,
 - (iii) phaeochromocytoma,
 - (iv) hypothyroidism,
 - (v) acromegaly, or
 - (vi) primary hyperparathyroidismat the time of the clinical onset of hypertension; or
- (j) suffering from a collagen vascular disease with renal involvement at the time of the clinical onset of hypertension; or
- (k) undergoing treatment with a drug for a condition for which the drug cannot be ceased or substituted and which drug has caused an increase in blood pressure, at the time of the clinical onset of hypertension; or
- (l) suffering from sleep apnoea at the time of the clinical onset of hypertension; or
- (m) an inability to undertake more than a mildly strenuous level of physical activity for at least the five years immediately before the clinical onset of hypertension; or
- (n) suffering from a clinically significant anxiety disorder for the six months immediately before the clinical onset of hypertension; or
- (o) suffering from a clinically significant depressive disorder for the six months immediately before the clinical onset of hypertension; or
- (p) being obese at the time of the clinical worsening of hypertension; or
- (q) consuming an average of at least 200 grams per week of alcohol which cannot be decreased to less than an average of 200 grams per week, at the time of the clinical worsening of hypertension; or
- (r) ingesting at least 12 grams (200 mmol) of salt supplements per day on average for a continuous period of at least six months immediately before the clinical worsening of hypertension; or
- (s) suffering from chronic renal failure at the time of the clinical worsening of hypertension; or

- (t) having undergone renal transplantation at the time of the clinical worsening of hypertension; or
- (u) suffering from a chronic renal disease or injury at the time of the clinical worsening of hypertension; or
- (v) suffering from a renin-secreting neoplasm at the time of the clinical worsening of hypertension; or
- (w) suffering from:
 - (i) Cushing's syndrome,
 - (ii) primary aldosteronism,
 - (iii) pheochromocytoma,
 - (iv) hypothyroidism,
 - (v) acromegaly, or
 - (vi) primary hyperparathyroidismat the time of the clinical worsening of hypertension; or
- (x) suffering from a collagen vascular disease with renal involvement at the time of the clinical worsening of hypertension; or
- (y) undergoing treatment with a drug for a condition for which the drug cannot be ceased or substituted and which drug has caused an increase in blood pressure, at the time of the clinical worsening of hypertension; or
- (z) suffering from sleep apnoea at the time of the clinical worsening of hypertension; or
- (za) an inability to undertake more than a mildly strenuous level of physical activity for at least the five years immediately before the clinical worsening of hypertension; or
- (zb) suffering from a clinically significant anxiety disorder for the six months immediately before the clinical worsening of hypertension; or
- (zc) suffering from a clinically significant depressive disorder for the six months immediately before the clinical worsening of hypertension; or
- (zd) inability to obtain appropriate clinical management for hypertension.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(p) to 5 (zd)** apply only to material contribution to, or aggravation of, hypertension where the person's hypertension 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 mildly strenuous level of physical activity” means any physical activity greater than 3 METS, where a “MET” is a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute or, 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

“acromegaly” means a chronic disease of adults resulting from hypersecretion of growth hormone after closure of the epiphyses;

“alcohol” is measured by the alcohol consumption calculations utilising the Australian Standard of 10 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 30 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;

“chronic renal failure” means irreversible kidney damage which leads to impaired renal function;

“chronic renal disease or injury” means chronic irreversible renal damage from conditions such as

- (i) analgesic nephropathy;
- (ii) chronic glomerulonephritis;
- (iii) chronic pyelonephritis;
- (iv) diabetic nephrosclerosis;
- (v) obstructive nephropathy;
- (vi) polycystic kidney disease;
- (vii) renal ischaemia/infarction;
- (viii) renal scarring; or
- (ix) renal tuberculosis;

“clinically significant anxiety disorder” means any anxiety disorder attracting a diagnosis under DSM IV sufficient to warrant ongoing management by a psychiatrist, counsellor or General Practitioner;

“clinically significant depressive disorder” means any depressive disorder attracting a diagnosis under DSM IV sufficient to warrant ongoing management by a psychiatrist, counsellor or General Practitioner;

“collagen vascular disease” means an autoimmune disorder which causes vasculitis;

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

“DSM-IV” means the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*;

“hypothyroidism” means the functional state resulting from insufficiency of thyroid hormones;

“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), Third Edition, effective date of 1 July 2002, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 413 9;

“phaeochromocytoma” means a neoplasm of chromaffin tissue usually located in the adrenal medulla or sympathetic ganglion, which produces, stores and secretes catecholamines;

“primary aldosteronism” means a syndrome associated with hypersecretion of the major adrenal mineralocorticoid, aldosterone;

“primary hyperparathyroidism” means increased levels of parathyroid hormone secretion (mostly by parathyroid adenomas) which is not a secondary response to hypocalcaemia;

“relevant service” means:

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

“renal artery stenosis” means at least 50% narrowing of the lumen of a renal artery, and which produces clinical manifestations which are poorly controlled hypertension, renal impairment or acute pulmonary oedema;

“salt supplements” means salt added to food when cooking or eating, or salt contained in salt tablets;

“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 applied.

Dated this **Twelfth** day of **August**
2003

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

KEN DONALD
CHAIRMAN