



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
GOUT
(Reasonable Hypothesis)
(No. 59 of 2019)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 26 April 2019

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *gout (Reasonable Hypothesis)* (No. 59 of 2019).

2 Commencement

This instrument commences on 27 May 2019.

3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning gout No. 30 of 2010 (Federal Register of Legislation No. F2010L01046) made under subsection 196B(2) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

7 Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about gout and death from gout.

Meaning of gout

(2) For the purposes of this Statement of Principles, gout means a metabolic condition characterised by deposition of urate crystals in the joints or tissues, generally following raised serum uric acid levels.

Note: Clinical manifestations typically include recurrent episodes of monoarticular or polyarticular acute inflammatory arthritis, tenosynovitis, bursitis, chronic erosive arthritis and periarticular or subcutaneous urate deposits known as tophi.

(3) While gout attracts ICD-10-AM code M10, in applying this Statement of Principles the meaning of gout is that given in subsection (2).

(4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*,

Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from gout

- (5) For the purposes of this Statement of Principles, gout, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's gout.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that gout and death from gout 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 MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting gout or death from gout with the circumstances of a person's relevant service:

- (1) having a haematological disorder from the specified list of haematological disorders at the time of the clinical onset of gout;
Note: *specified list of haematological disorders* is defined in the Schedule 1 - Dictionary.
- (2) being treated with a drug from a class of drugs from the specified list of antihypertensive drugs for a continuous period of at least seven days, before the clinical onset of gout, where the last dose of the drug was taken within the three months before the clinical onset of gout;
Note: *specified list of antihypertensive drugs* is defined in the Schedule 1 - Dictionary.
- (3) being treated with daily doses of low-dose aspirin (≤ 325 milligrams) for two consecutive days, before the clinical onset of gout, where the last dose of the drug was taken within the 48 hours before the clinical onset of gout;
- (4) being treated with a drug or a drug from a class of drugs from the Specified List 1 of drugs within the 48 hours before the clinical onset of gout;
Note: *Specified List 1 of drugs* is defined in the Schedule 1 - Dictionary.
- (5) undergoing chemotherapy for a malignant neoplasm within the seven days before the clinical onset of gout;
- (6) being overweight at the time of the clinical onset of gout;
Note: *being overweight* is defined in the Schedule 1 - Dictionary.

- (7) consuming an average of at least 120 grams per week of alcohol, for at least the three months before the clinical onset of gout;

Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (8) consuming at least 70 grams of alcohol within the 48 hours before the clinical onset of gout;

Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (9) consuming an average of at least 750 grams per week of meat or offal, for at least the three months before the clinical onset of gout;

- (10) consuming at least 300 grams of meat or offal within the 48 hours before the clinical onset of gout;

- (11) consuming an average of at least 120 grams per week of seafood, for at least the three months before the clinical onset of gout;

Note: *seafood* is defined in the Schedule 1 - Dictionary.

- (12) consuming at least 120 grams of seafood within the 48 hours before the clinical onset of gout;

Note: *seafood* is defined in the Schedule 1 - Dictionary.

- (13) consuming an average of at least 400 millilitres per day of:

- (a) fruit juice; or
- (b) non-diet soft drink or other manufactured drink sweetened with fructose or sucrose;

alone or in any combination, for at least the three months before the clinical onset of gout;

- (14) fasting for a continuous period of at least 24 hours within the 48 hours before the clinical onset of gout;

- (15) being dehydrated for a continuous period of at least 24 hours within the 48 hours before the clinical onset of gout;

Note: *being dehydrated* is defined in the Schedule 1 - Dictionary.

- (16) being postmenopausal at the time of the clinical onset of gout;

- (17) having a solid organ transplant, stem cell transplant or bone marrow transplant before the clinical onset of gout;

- (18) having surgery within the 48 hours before the clinical onset of gout;

- (19) having lead nephropathy before the clinical onset of gout;

- (20) having psoriasis or psoriatic arthritis at the time of the clinical onset of gout;

- (21) having chronic kidney disease at the time of the clinical onset of gout;
 Note: *chronic kidney disease* is defined in the Schedule 1 - Dictionary.
- (22) having hypertension before the clinical onset of gout;
- (23) having dyslipidaemia before the clinical onset of gout;
 Note: *dyslipidaemia* is defined in the Schedule 1 - Dictionary.
- (24) undergoing total parenteral nutrition within the 48 hours before the clinical onset of gout;
- (25) having trauma to the affected joint or tissue within the 48 hours before the clinical onset of gout;
- (26) having a haematological disorder from the specified list of haematological disorders at the time of the clinical worsening of gout;
 Note: *specified list of haematological disorders* is defined in the Schedule 1 - Dictionary.
- (27) being treated with a drug from a class of drugs from the specified list of antihypertensive drugs for a continuous period of at least seven days, before the clinical worsening of gout, where the last dose of the drug was taken within the three months before the clinical worsening of gout;
 Note: *specified list of antihypertensive drugs* is defined in the Schedule 1 - Dictionary.
- (28) being treated with daily doses of low-dose aspirin (≤ 325 milligrams) for two consecutive days, before the clinical worsening of gout, where the last dose of the drug was taken within the 48 hours before the clinical worsening of gout;
- (29) being treated with a drug or a drug from a class of drugs from the Specified List 2 of drugs at the time of the clinical worsening of gout;
 Note: *Specified List 2 of drugs* is defined in the Schedule 1 - Dictionary.
- (30) undergoing chemotherapy for a malignant neoplasm within the seven days before the clinical worsening of gout;
- (31) being overweight at the time of the clinical worsening of gout;
 Note: *being overweight* is defined in the Schedule 1 - Dictionary.
- (32) consuming an average of at least 120 grams per week of alcohol, for at least the three months before the clinical worsening of gout;
 Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.
- (33) consuming at least 70 grams of alcohol within the 48 hours before the clinical worsening of gout;
 Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (34) consuming an average of at least 750 grams per week of meat or offal, for at least the three months before the clinical worsening of gout;
- (35) consuming at least 300 grams of meat or offal within the 48 hours before the clinical worsening of gout;
- (36) consuming an average of at least 120 grams per week of seafood, for at least the three months before the clinical worsening of gout;
- Note: *seafood* is defined in the Schedule 1 - Dictionary.
- (37) consuming at least 120 grams of seafood within the 48 hours before the clinical worsening of gout;
- Note: *seafood* is defined in the Schedule 1 - Dictionary.
- (38) consuming an average of at least 400 millilitres per day of:
- (a) fruit juice; or
 - (b) non-diet soft drink or other manufactured drink sweetened with fructose or sucrose;
- alone or in any combination, for at least the three months before the clinical worsening of gout;
- (39) fasting for a continuous period of at least 24 hours within the 48 hours before the clinical worsening of gout;
- (40) being dehydrated for a continuous period of at least 24 hours within the 48 hours before the clinical worsening of gout;
- Note: *being dehydrated* is defined in the Schedule 1 - Dictionary.
- (41) being postmenopausal at the time of the clinical worsening of gout;
- (42) having a solid organ transplant, stem cell transplant or bone marrow transplant before the clinical worsening of gout;
- (43) having surgery within the 48 hours before the clinical worsening of gout;
- (44) having lead nephropathy before the clinical worsening of gout;
- (45) having psoriasis or psoriatic arthritis at the time of the clinical worsening of gout;
- (46) having chronic kidney disease at the time of the clinical worsening of gout;
- Note: *chronic kidney disease* is defined in the Schedule 1 - Dictionary.
- (47) having hypertension before the clinical worsening of gout;
- (48) having dyslipidaemia before the clinical worsening of gout;
- Note: *dyslipidaemia* is defined in the Schedule 1 - Dictionary.

- (49) undergoing total parenteral nutrition within the 48 hours before the clinical worsening of gout;
- (50) having trauma to the affected joint or tissue within the 48 hours before the clinical worsening of gout;
- (51) inability to obtain appropriate clinical management for gout.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(26) to 9(51) apply only to material contribution to, or aggravation of, gout where the person's gout was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

abnormality of kidney structure or function means:

- (a) having a glomerular filtration rate of less than 60 mL/min/1.73 m²; or
- (b) having kidney damage, as evidenced by renal biopsy, imaging studies, albuminuria, urinary sediment abnormalities or other markers of abnormal renal function; or
- (c) having had a kidney transplant.

being dehydrated means being deficient in body water, such as could occur after strenuous physical activity, vomiting, diarrhoea or febrile illness, without adequate rehydration.

being overweight means having a Body Mass Index (BMI) of 25 or greater.

Note: ***BMI*** is also defined in the Schedule 1 - Dictionary.

BMI means W/H^2 where:

W is the person's weight in kilograms; and
H is the person's height in metres.

chronic kidney disease means an abnormality of kidney structure or function that has been present for at least three months.

Note: ***abnormality of kidney structure or function*** is also defined in the Schedule 1 - Dictionary.

dyslipidaemia means persistently abnormal blood lipid levels, diagnosed by a medical practitioner and evidenced by:

- (a) a total serum cholesterol level greater than 5.5 mmol/L; or
- (b) a serum low density lipoprotein level greater than 4.0 mmol/L; or
- (c) a serum high density lipoprotein cholesterol level less than 1.0 mmol/L; or
- (d) the regular administration of drug therapy to normalise blood lipid levels.

gout—see subsection 7(2).

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

seafood means shellfish or fish.

specified list of antihypertensive drugs means:

- (a) angiotensin converting enzyme (ACE) inhibitors;
- (b) beta-adrenergic blocking agents; or
- (c) diuretics.

specified list of haematological disorders means:

- (a) a lymphoproliferative disorder;
- (b) a myeloproliferative disorder;
- (c) haemolytic anaemia; or
- (d) secondary polycythaemia.

Specified List 1 of drugs means:

- (a) allopurinol;
- (b) azathioprine;
- (c) cyclosporine;
- (d) ethambutol;
- (e) gemcitabine;
- (f) levodopa;
- (g) mycophenolate;
- (h) non-losartan angiotensin II receptor blockers (ARBs);
- (i) probenecid;
- (j) pyrazinamide;
- (k) sildenafil; or
- (l) tacrolimus (excluding topical application).

Specified List 2 of drugs means:

- (a) allopurinol;
- (b) azathioprine;
- (c) cyclosporine;
- (d) ethambutol;
- (e) febuxostat;
- (f) gemcitabine;
- (g) levodopa;
- (h) mycophenolate;
- (i) non-losartan angiotensin II receptor blockers (ARBs);
- (j) probenecid;
- (k) pyrazinamide;
- (l) sildenafil; or
- (m) tacrolimus (excluding topical application).

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.