Revocation and Determination

of

Statement of Principles
concerning

RENAL ARTERY ATHEROSCLEROTIC DISEASE

ICD-9-CM CODE: 440.1

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.40 of 1998 and Instrument No.51 of 1998; and

   (b) determines in their place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about renal artery atherosclerotic disease and death from renal artery atherosclerotic disease.

   (b) For the purposes of this Statement of Principles, “renal artery atherosclerotic disease”, means atherosclerosis of the renal arteries, causing a partial occlusion of at least 50%, or a complete occlusion of a renal artery, and together with one of the following clinical manifestations, namely poorly controlled hypertension, or renal impairment, or acute pulmonary oedema, attracting ICD-9-CM code 440.1.
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 renal artery atherosclerotic disease and death from renal artery atherosclerotic disease 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, renal artery atherosclerotic disease or death from renal artery atherosclerotic disease is connected with the circumstances of a person’s relevant service are:

(a) smoking at least 20 pack years of cigarettes or the equivalent thereof in other tobacco products, before the clinical onset of renal artery atherosclerotic disease; or

(b) suffering from hypertension for a period of at least 10 years before the clinical onset of renal artery atherosclerotic disease; or

(c) suffering from diabetes mellitus before the clinical onset of renal artery atherosclerotic disease; or

(d) suffering from dyslipidaemia before the clinical onset of renal artery atherosclerotic disease; or

(e) smoking at least 20 pack years of cigarettes or the equivalent thereof in other tobacco products, before the clinical worsening of renal artery atherosclerotic disease; or

(f) suffering from diabetes mellitus before the clinical worsening of renal artery atherosclerotic disease; or

(g) suffering from dyslipidaemia before the clinical worsening of renal artery atherosclerotic disease; or

(h) being treated with a specified drug before the clinical worsening of renal artery atherosclerotic disease; or
(j) inability to obtain appropriate clinical management for renal artery atherosclerotic disease.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(e) to 5(j) apply only to material contribution to, or aggravation of, renal artery atherosclerotic disease where the person’s renal artery 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) 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:

“being treated with a specified drug” means being treated with any of the drugs (including where those drugs are contained in preparations) listed in the following Table of Drugs, under the circumstances as specified in the Table, with regard to the mode of administration, dose level, minimum duration of treatment, and temporality (time relationship between the last administration of the drug and the onset or worsening of the disease, as the case may be, where the administration of the drug has ceased).

Table of Drugs

<table>
<thead>
<tr>
<th>Drug or Group of Drugs</th>
<th>Mode *</th>
<th>Dose</th>
<th>Minimum Duration of Treatment</th>
<th>Temporality</th>
</tr>
</thead>
<tbody>
<tr>
<td>angiotensin converting enzyme inhibitors</td>
<td>O</td>
<td>any dose</td>
<td>one dose</td>
<td>within 28 days immediately before</td>
</tr>
</tbody>
</table>

* Abbreviations:  O = oral.

“death from renal artery atherosclerotic disease” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s renal artery 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; Current Therapeutics, Vol 33 Supplement 1, 1992.

“hypertension” means:

(a) a usual blood pressure reading where the systolic reading is greater than or equal to 140mmHg and/or where the diastolic reading is greater than or equal to 90mmHg; 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;

“pack years of cigarettes or the equivalent thereof, in other tobacco products” means a calculation of consumption where one pack year of cigarettes equals twenty tailor made cigarettes (being the “standard” cigarette pack contents) per day for a period of one calendar year, or 7 300 cigarettes. One tailor made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack year of tailor made cigarettes equates to 7 300 cigarettes, or 7.3kg of smoking
tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars smoked, alone or in any combination;

“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.

Dated this Twenty-seventh day of April 1999

The Common Seal of the Repatriation Medical Authority was affixed to this instrument in the presence of KEN DONALD CHAIRMAN