Statement of Principles
concerning

PERIODONTITIS

No. 47 of 2013

for the purposes of the

Veterans’ Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning periodontitis No. 47 of 2013.

Determination

2. The Repatriation Medical Authority under subsection 196B(2) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):

(a) revokes Instrument No. 1 of 2002 concerning periodontitis; and

(b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about periodontitis and death from periodontitis.

(b) For the purposes of this Statement of Principles, "periodontitis" means a localised or generalised destructive inflammatory disease of the bony and ligamentous supporting tissues of the teeth, with destruction of gingival tissue and the periodontal ligament or alveolar bone leading to progressive attachment loss and tooth loss at diseased sites. This definition includes chronic periodontitis, periodontitis as a manifestation of acquired systemic disease, necrotising ulcerative periodontitis, aggressive periodontitis and peri-implantitis. This definition excludes pericoronitis, abscess of the periodontium,
necrotising gingivitis confined to the gums, maxillary and mandibular osteonecrosis, chronic apical periodontitis and other combined periodontic-endodontic lesions.

(c) Periodontitis attracts ICD-10-AM code K05.3.

(d) In the application of this Statement of Principles, the definition of "periodontitis" is that given at paragraph 3(b) above.

Basis for determining the factors

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

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting periodontitis or death from periodontitis with the circumstances of a person’s relevant service is:

(a) having gingivitis at the affected site within the two years before the clinical onset of periodontitis; or

(b) smoking at least 2.5 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of periodontitis, and where smoking has ceased, the clinical onset of periodontitis has occurred within ten years of cessation; or

(c) having diabetes mellitus at the time of the clinical onset of periodontitis; or

(d) having a nutritional deficiency at the time of the clinical onset of periodontitis; or

(e) being infected with human immunodeficiency virus at the time of the clinical onset of periodontitis; or

(f) having a foreign body embedded in the affected region of the periodontium for a continuous period of at least the six months before the clinical onset of periodontitis, and where the foreign body has been removed, the clinical onset of periodontitis has occurred within four weeks of removal; or

(g) having trauma to the affected region of the periodontium within the six months before the clinical onset of periodontitis; or
(h) having an oral piercing adjacent to the affected region of the periodontium for a continuous period of at least the six months before the clinical onset of periodontitis; or

(i) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical onset of periodontitis; or

(j) having neutropaenia, agranulocytosis or leukaemia at the time of the clinical onset of periodontitis; or

(k) being obese for a continuous period of at least the five years before the clinical onset of periodontitis; or

(l) consuming an average of at least 200 grams of alcohol per week for a continuous period of at least the two years before the clinical onset of periodontitis; or

(m) having rheumatoid arthritis or ankylosing spondylitis at the time of the clinical onset of periodontitis; or

(n) smoking cannabis at least twice a week for a continuous period of at least ten years, within the twenty years before the clinical onset of periodontitis; or

(o) having gingivitis at the affected site within the two years before the clinical worsening of periodontitis; or

(p) smoking at least 2.5 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of periodontitis, and where smoking has ceased, the clinical worsening of periodontitis has occurred within ten years of cessation; or

(q) having diabetes mellitus at the time of the clinical worsening of periodontitis; or

(r) having a nutritional deficiency at the time of the clinical worsening of periodontitis; or

(s) being infected with human immunodeficiency virus at the time of the clinical worsening of periodontitis; or

(t) having a foreign body embedded in the affected region of the periodontium for a continuous period of at least the six months before the clinical worsening of periodontitis, and where the foreign body has been removed, the clinical worsening of periodontitis has occurred within four weeks of removal; or

(u) having trauma to the affected region of the periodontium within the six months before the clinical worsening of periodontitis; or

(v) having an oral piercing adjacent to the affected region of the periodontium for a continuous period of at least the six months before the clinical worsening of periodontitis; or

(w) having chronic renal disease requiring renal transplantation or dialysis at the time of the clinical worsening of periodontitis; or
(x) having neutropaenia, agranulocytosis or leukaemia at the time of the clinical worsening of periodontitis; or

(y) being obese for a continuous period of at least the five years before the clinical worsening of periodontitis; or

(z) consuming an average of at least 200 grams of alcohol per week for a continuous period of at least the two years before the clinical worsening of periodontitis; or

(aa) having rheumatoid arthritis or ankylosing spondylitis at the time of the clinical worsening of periodontitis; or

(bb) smoking cannabis at least twice a week for a continuous period of at least ten years, within the twenty years before the clinical worsening of periodontitis; or

(cc) having osteoporosis at the time of the clinical worsening of periodontitis; or

(dd) inability to obtain appropriate clinical management for periodontitis.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(o) to 6(dd) apply only to material contribution to, or aggravation of, periodontitis where the person’s periodontitis was suffered or contracted before or during (but not arising out of) the person’s relevant service.

Inclusion of Statements of Principles

8. 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 as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a foreign body" means:

(a) a fixed orthodontic appliance; or

(b) an osseointegrated implant or dental prosthesis, including single crowns, fixed partial dentures, all-ceramic crowns, resin-bonded prostheses or posts and cores;

"a nutritional deficiency" means:

(a) scurvy;

(b) clinical or biochemical evidence of a severe protein energy malnutrition due to:

(i) inadequate intake of protein or energy; or

(ii) systemic disease that impairs intake or utilisation of nutrients or that increases nutrient requirements or metabolic losses; or

(c) chronic vitamin D deficiency, documented by a serum 25(OH)D level of less than 25 nanomoles per litre that is not due to hereditary causes;
"an oral piercing" means permanent insertion of an ornament into an opening made in the skin or mucosa of the tongue, lips or cheek;

"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 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;

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

"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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

"pack-years of cigarettes, or the equivalent thereof in other tobacco products" means a calculation of consumption where one pack-year of cigarettes equals 20 tailor-made cigarettes per day for a period of one calendar year, or 7300 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 7.3 kilograms of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars, smoked alone or in any combination;

"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;

"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;

"trauma to the affected region of the periodontium" means a blunt or penetrating injury, including surgery, resulting in:
(a) fracture, luxation, loss or extraction of a tooth; or
(b) disruption or fracture of the periodontium.
Application
10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect
11. This Instrument takes effect from 3 July 2013.

Dated this twenty-first day of June 2013

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON