



# **Statement of Principles concerning hypertension No. 63 of 2013**

made under subsection 196B(2) of the

*Veterans' Entitlements Act 1986*

## **Compilation No. 1**

**Compilation date:** 23 September 2019

**Includes amendments up to:** Amendment Statement of Principles concerning  
hypertension No. 89 of 2019 (F2019L01091)

The day of commencement of this Amendment Statement of Principles concerning  
hypertension is 23 September 2019.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

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## About this compilation

### This compilation

This is a compilation of the *Statement of Principles concerning hypertension No. 63 of 2013* that shows the text of the law as amended and in force on 23 September 2019.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

### Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register ([www.legislation.gov.au](http://www.legislation.gov.au)). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

### Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

### Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

### Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government  
Repatriation Medical Authority

# Statement of Principles concerning

## **HYPERTENSION**

### **No. 63 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 hypertension No. 63 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. 35 of 2003, as amended by Instrument No. 3 of 2004 and Instrument No. 11 of 2008, concerning hypertension; and
  - (b) determines in their place this Statement of Principles.

#### **Kind of injury, disease or death**

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

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- (b) For the purposes of this Statement of Principles, "**hypertension**" means persistently elevated blood pressure, diagnosed by a medical practitioner and evidenced by:

- (i) a usual clinic blood pressure reading of greater than or equal to 140 mmHg systolic or greater than or equal to 90 mmHg diastolic, or equivalent levels using ambulatory blood pressure measurement; or
- (ii) a usual home blood pressure reading of greater than or equal to 135 mmHg systolic or greater than or equal to 85 mmHg diastolic; or
- (iii) for persons aged under 18, a usual systolic or diastolic blood pressure reading of greater than or equal to the 95<sup>th</sup> centile for age and sex; or
- (iv) 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, gestational hypertension or medications.

- (c) Hypertension attracts ICD-10-AM code I10 or I15.
- (d) In the application of this Statement of Principles, the definition of "**hypertension**" 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 **hypertension** and **death from hypertension** 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 **hypertension** or **death from hypertension** with the circumstances of a person's relevant service is:
- (a) being overweight or obese at the time of the clinical onset of hypertension; or

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- (b) consuming an average of at least 300 grams of alcohol per week for at least the six months before the clinical onset of hypertension; or
  - (c) consuming at least 12 grams (200 millimoles) of salt per day on average for at least the six months before the clinical onset of hypertension; or
  - (d) having renal artery stenosis, including renal artery stenosis due to renal artery atherosclerotic disease or fibromuscular dysplasia, at the time of the clinical onset of hypertension; or
  - (e) undergoing renal or other solid organ transplantation before the clinical onset of hypertension; or
  - (f) having a chronic renal disease or injury, or chronic renal failure, at the time of the clinical onset of hypertension; or
  - (g) having a specified endocrine-related disorder at the time of the clinical onset of hypertension; or
  - (h) being treated with a drug or a drug from a class of drugs from Specified List 1, where that drug cannot be ceased or substituted, for a continuous period of at least the one month before the clinical onset of hypertension; or
  - (i) being treated with a specified antineoplastic drug, where that drug cannot be ceased or substituted, at the time of the clinical onset of hypertension; or
  - (j) having glucocorticoid therapy as specified before the clinical onset of hypertension, and where the glucocorticoid therapy as specified has ceased or decreased, the last dose of the therapy was received within the one month before the clinical onset of hypertension; or
  - (k) having sleep apnoea at the time of the clinical onset of hypertension; or
  - (l) an inability to undertake more than a mildly strenuous level of physical activity for at least the one year before the clinical onset of hypertension; or
  - (m) having extrinsic compression of the renal parenchyma from a haematoma or mass at the time of the clinical onset of hypertension; or
  - (n) having an arteriovenous fistula involving the blood supply of the kidney or an arteriovenous malformation involving the blood supply of the kidney before the clinical onset of hypertension; or
  - (o) having a clinically significant psychiatric disorder from the specified list before the clinical onset of hypertension; or

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- (p) being exposed to arsenic as specified before the clinical onset of hypertension; or
  - (pa) inhaling, ingesting or having cutaneous contact with a phenoxy acid herbicide from the specified list:
    - (i) for a cumulative period of at least 1 000 hours within a consecutive period of ten years, before the clinical onset of hypertension; and
    - (ii) where the first exposure occurred at least five years before the clinical onset of hypertension; and
    - (iii) where that exposure has ceased, the clinical onset of hypertension has occurred within 25 years of cessation; or
  - (pb) inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD):
    - (i) for a cumulative period of at least 1 000 hours within a consecutive period of ten years, before the clinical onset of hypertension; and
    - (ii) where the first exposure occurred at least five years before the clinical onset of hypertension; and
    - (iii) where that exposure has ceased, the clinical onset of hypertension has occurred within 25 years of cessation; or
  - (q) being overweight or obese at the time of the clinical worsening of hypertension; or
  - (r) consuming an average of at least 300 grams of alcohol per week for at least the six months before the clinical worsening of hypertension; or
  - (s) consuming at least 12 grams (200 millimoles) of salt per day on average for at least the six months before the clinical worsening of hypertension; or
  - (t) having renal artery stenosis, including renal artery stenosis due to renal artery atherosclerotic disease or fibromuscular dysplasia, at the time of the clinical worsening of hypertension; or
  - (u) undergoing renal or other solid organ transplantation before the clinical worsening of hypertension; or
  - (v) having a chronic renal disease or injury, or chronic renal failure, at the time of the clinical worsening of hypertension; or
  - (w) having a specified endocrine-related disorder at the time of the clinical worsening of hypertension; or
  - (x) being treated with a drug or a drug from a class of drugs from Specified List 1, where that drug cannot be ceased or substituted, for a
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continuous period of at least the one month before the clinical worsening of hypertension; or

- (y) being treated with a specified antineoplastic drug, where that drug cannot be ceased or substituted, at the time of the clinical worsening of hypertension; or
- (z) having glucocorticoid therapy as specified before the clinical worsening of hypertension, and where the glucocorticoid therapy as specified has ceased or decreased, the last dose of the therapy was received within the one month before the clinical worsening of hypertension; or
- (aa) having sleep apnoea at the time of the clinical worsening of hypertension; or
- (bb) an inability to undertake more than a mildly strenuous level of physical activity for at least the one year before the clinical worsening of hypertension; or
- (cc) having extrinsic compression of the renal parenchyma from a haematoma or mass at the time of the clinical worsening of hypertension; or
- (dd) having an arteriovenous fistula involving the blood supply of the kidney or an arteriovenous malformation involving the blood supply of the kidney before the clinical worsening of hypertension;
- (ee) having a clinically significant psychiatric disorder from the specified list before the clinical worsening of hypertension; or
- (ff) being exposed to arsenic as specified before the clinical worsening of hypertension; or
- (ffa) inhaling, ingesting or having cutaneous contact with a phenoxy acid herbicide from the specified list:
  - (i) for a cumulative period of at least 1 000 hours within a consecutive period of ten years, before the clinical worsening of hypertension; and
  - (ii) where the first exposure occurred at least five years before the clinical worsening of hypertension; and
  - (iii) where that exposure has ceased, the clinical worsening of hypertension has occurred within 25 years of cessation; or
- (ffb) inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD):

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- (i) for a cumulative period of at least 1 000 hours within a consecutive period of ten years, before the clinical worsening of hypertension; and
  - (ii) where the first exposure occurred at least five years before the clinical worsening of hypertension; and
  - (iii) where that exposure has ceased, the clinical worsening of hypertension has occurred within 25 years of cessation; or
- (gg) inability to obtain appropriate clinical management for hypertension.

#### **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(q) to 6(gg)** including paragraphs **6(ffa) and 6(ffb)** 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.

#### **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 chronic renal disease or injury"** means chronic irreversible renal damage from a condition such as:
- (a) analgesic nephropathy;
  - (b) chronic glomerulonephritis;
  - (c) chronic pyelonephritis;
  - (d) diabetic nephrosclerosis;
  - (e) interstitial nephritis;
  - (f) obstructive nephropathy;
  - (g) polycystic kidney disease;
  - (h) renal ischaemia, infarction or vasculitis;
  - (i) renal scarring; or
  - (j) renal tuberculosis;

**"a clinically significant psychiatric disorder from the specified list"** means one of the following conditions, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner:



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- (a) depressive disorder;
  - (b) generalised anxiety disorder; or
  - (c) posttraumatic stress disorder;

**"a drug from Specified List 2" means:**

- (a) amprenavir;
- (b) atazanavir;
- (c) darunavir;
- (d) fosamprenavir;
- (e) indinavir;
- (f) itraconazole;
- (g) ketoconazole;
- (h) lopinavir;
- (i) nelfinavir;
- (j) ritonavir;
- (k) saquinavir; or
- (l) tipranavir;

**"a drug or a drug from a class of drugs from Specified List 1" means:**

- (a) androgens;
- (b) bromocriptine mesylate;
- (c) buspirone;
- (d) carbamazepine;
- (e) clozapine;
- (f) disulfiram;
- (g) erythropoietin;
- (h) lithium;
- (i) mineralocorticoids;
- (j) monoamine oxidase inhibitors;
- (k) non-steroidal anti-inflammatory drugs, excluding aspirin;
- (l) oral antiemetics;
- (m) oral antifungals;
- (n) oral contraceptives;
- (o) paracetamol;
- (p) physostigmine;
- (q) selegiline;
- (r) sibutramine;
- (s) sympathomimetics;
- (t) thioridazine hydrochloride;
- (u) tricyclic antidepressants;
- (v) vascular endothelial growth factor inhibitors; or
- (w) venlafaxine;

**"a high or very high potency topical glucocorticoid" means:**

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- (a) betamethasone dipropionate 0.05%;
  - (b) betamethasone valerate 0.1%;
  - (c) clobetasol propionate 0.05%;
  - (d) diflucortolone valerate 0.1%;
  - (e) fluocinolone acetonide 0.025%; or
  - (f) another topical glucocorticoid of equivalent potency;

**"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;

**"a specified antineoplastic drug"** means:

- (a) an alkylating agent;
- (b) cis-diamminedichloroplatinum;
- (c) cyclosporine A;
- (d) paclitaxel;
- (e) rapamycin; or
- (f) tacrolimus;

**"a specified endocrine-related disorder"** means:

- (a) a renin-secreting neoplasm;
- (b) acromegaly;
- (c) Cushing's syndrome;
- (d) goitre which has resulted in hypothyroidism or hyperthyroidism;
- (e) Graves' disease which has resulted in hyperthyroidism;
- (f) Hashimoto's thyroiditis which has resulted in hypothyroidism;
- (g) hyperthyroidism;
- (h) hypothyroidism;
- (i) pheochromocytoma;
- (j) primary hyperaldosteronism; or
- (k) primary or tertiary hyperparathyroidism;

**"acromegaly"** means a chronic disease of adults resulting from excess secretion of growth hormone after closure of the epiphyses;

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

**"being exposed to arsenic as specified"** means:

- (a) consuming drinking water with an average inorganic arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least ten years;

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- (b) consuming drinking water resulting in a cumulative total inorganic arsenic exposure equivalent to having consumed drinking water containing at least 50 micrograms per litre for at least ten years; or
  - (c) having clinical evidence of chronic arsenic toxicity;

**"being overweight or obese"** means an increase in body weight by way of fat accumulation which results in at least one of the following:

- (a) a Body Mass Index (BMI) of 25 or greater; or
- (b) a waist circumference of greater than 80 centimetres in women or greater than 94 centimetres in men.

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 having a glomerular filtration rate of less than 60 mL/min/1.73 m<sup>2</sup> for a period of at least three months, or the presence of irreversible kidney damage;

**"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;

**"equivalent glucocorticoid therapy"** means a glucocorticoid in the following table, at the doses specified in the table, or a therapeutically equivalent dose of another glucocorticoid:

Glucocorticoid	Minimum cumulative dose (milligrams)	Minimum average rate (milligrams/day)
Cortisone	1 875	62.5
Prednisone	375	12.5
Prednisolone	375	12.5
Methylprednisolone	300	10
Triamcinolone	300	10
Paramethasone	150	5
Betamethasone	60	2
Dexamethasone	50	1.67

**"equivalent inhaled glucocorticoid"** means:

- (a) 8 000 micrograms of triamcinolone;
- (b) 1 600 micrograms of budesonide;
- (c) 1 000 micrograms of fluticasone; or
- (d) a therapeutically equivalent dose of another inhaled glucocorticoid;

**"equivalent levels using ambulatory blood pressure measurement"** means:

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- (a) an average 24 hour blood pressure measurement of greater than or equal to 130 mmHg systolic or greater than or equal to 80 mmHg diastolic; or
  - (b) an average daytime (awake) blood pressure measurement of greater than or equal to 135 mmHg systolic or greater than or equal to 85 mmHg diastolic; or
  - (c) an average nighttime (asleep) blood pressure measurement of greater than or equal to 120 mmHg systolic or greater than or equal to 70 mmHg diastolic; or

**"having glucocorticoid therapy as specified"** means:

- (a) taking:
  - (i) hydrocortisone, orally or by injection,
    - (A) to a cumulative dose of at least 1 500 milligrams, and
    - (B) at a minimum dose rate averaging 50 milligrams per day, or
  - (ii) equivalent glucocorticoid therapy, orally or by injection; or
- (b) inhaling at least 2 000 micrograms of beclomethasone, or equivalent inhaled glucocorticoid, daily, for at least six months; or
- (c) using an ocular or intranasal glucocorticoid at above the recommended maximum therapeutic dosage level, daily, for at least six months; or
- (d) applying a high or very high potency topical glucocorticoid to at least 20 percent of total skin surface area, daily, for at least six months; or
- (e) using a glucocorticoid concurrently with a drug from Specified List 2, daily, for at least 30 days; or
- (f) using glucocorticoid containing enemas, daily, for at least six months;

**"hyperparathyroidism"** means an excess level of parathyroid hormone;

**"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;

**"inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8-tetrachlorodibenzo-para-dioxin (TCDD)"** means:

- (a) decanting or spraying;
- (b) cleaning or maintaining equipment used to apply;
- (c) being sprayed with;
- (d) handling or sawing timber treated with;
- (e) being in an environment shrouded in dust from timber treated with; or
- (f) using cutting oils contaminated with;

one of the following chemicals:

- (i) 2,4,5-trichlorophenoxyacetic acid;

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- (ii) 2,4,5-trichlorophenoxypropionic acid;
  - (iii) 2,4,5-trichlorophenol;
  - (iv) 2-(2,4,5-trichlorophenoxy)-ethyl 2,2-dichloropropionate;
  - (v) o,o-dimethyl-o-(2,4,5-trichlorophenyl)-phosphorothioate;
  - (vi) pentachlorophenol;
  - (vii) 2,3,4,6-tetrachlorophenol;
  - (viii) 2,4,6-trichlorophenol;
  - (ix) 1,3,5-trichloro-2-(4-nitrophenoxy)benzene;
  - (x) 2,4-dichloro-1-(4-nitrophenoxy)benzene; or
  - (xi) 2,4-dichloro-1-(3-methoxy-4-nitrophenoxy)-benzene;

**"phaeochromocytoma"** means a neoplasm of chromaffin tissue, usually located in the adrenal medulla or a sympathetic ganglion, which is associated with excess secretion of catecholamines;

**"phenoxy acid herbicide from the specified list"** means:

- (a) 2,4-dichlorophenoxyacetic acid (2,4-D); or
- (b) 2,4,5-trichlorophenoxyacetic acid (2,4,5-T);

**"primary hyperaldosteronism"** means a syndrome associated with excess secretion of the major adrenal mineralocorticoid, aldosterone;

**"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.

## Application

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

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**Date of effect**

**11.** This Instrument takes effect from 4 September 2013.

## Endnotes

### Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

### Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

### Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

### Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

**Endnote 2—Abbreviation key**

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	
exp = expires/expired or ceases/ceased to have effect	reloc = relocated
F = Federal Register of Legislation	renum = renumbered
gaz = gazette	rep = repealed
LA = <i>Legislation Act 2003</i>	rs = repealed and substituted
LIA = <i>Legislative Instruments Act 2003</i>	s = section(s)/subsection(s)
(md) = misdescribed amendment can be given effect	Sch = Schedule(s)
(md not incorp) = misdescribed amendment cannot be given effect	Sdiv = Subdivision(s)
mod = modified/modification	SLI = Select Legislative Instrument
No. = Number(s)	SR = Statutory Rules
	Sub-Ch = Sub-Chapter(s)
	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced



## Endnote 3—Legislation history

## Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning hypertension No. 63 of 2013</i>	30 August 2013 F2013L01652	4 September 2013	
<i>Amendment Statement of Principles concerning hypertension No. 89 of 2019</i>	26 August 2019 F2019L01091	23 September 2019	

## Endnote 4—Amendment history

## Endnote 4—Amendment history

Provision affected	How affected
Clause 6(pa).....	ad. No. 89 of 2019
Clause 6(pb).....	ad. No. 89 of 2019
Clause 6(ffa).....	ad. No. 89 of 2019
Clause 6(ffb).....	ad. No. 89 of 2019
Clause 7.....	am. No. 89 of 2019
Clause 9 "' inhaling, ingesting or having cutaneous contact with a chemical agent contaminated by 2,3,7,8- tetrachlorodibenzo- para-dioxin (TCDD)"....'	ad. No. 89 of 2019
Clause 9 "' phenoxy acid herbicide from the specified list".....'	ad. No. 89 of 2019