



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**ATRIAL FIBRILLATION AND ATRIAL**  
**FLUTTER**  
**(Balance of Probabilities)**  
**(No. 2 of 2023)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 23 December 2022

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

Professor Terence Campbell AM  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *atrial fibrillation and atrial flutter (Balance of Probabilities)* (No. 2 of 2023).

**2 Commencement**

This instrument commences on 23 January 2023.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning atrial fibrillation and atrial flutter No. 50 of 2014 (Federal Register of Legislation No. F2014L00482) made under subsection 196B(3) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 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 atrial fibrillation and atrial flutter and death from atrial fibrillation and atrial flutter.

*Meaning of atrial fibrillation and atrial flutter*

- (2) For the purposes of this Statement of Principles:
- (a) atrial fibrillation means a disorder of cardiac rhythm, in which there is disorganised, rapid, and irregular atrial electrical activation, resulting in loss of organised atrial mechanical contraction and an irregular, usually rapid ventricular rate.
  - (b) atrial flutter:
    - (i) means a disorder of cardiac rhythm in which there is rapid and regular atrial electrical activation caused by a re-entry circuit within the right atrium, resulting in a regular, rapid atrial rate; and

- (ii) a characteristic electrocardiographic appearance of a uniform and regular continuous sawtooth wave-form.

Note 1: Atrial fibrillation and atrial flutter can be paroxysmal, persistent or permanent disorders, with variable electrocardiographic and clinical features. Ventricular rates in atrial flutter are typically 150 beats per minute.

Note 2: Symptoms of atrial fibrillation or atrial flutter typically include palpitations, fatigue, lightheadedness, and mild shortness of breath. Less common problems include significant dyspnoea, angina, hypotension, anxiety and syncope.

Note 3: Atrial fibrillation and atrial flutter can occur alone or in combination.

- (3) While atrial fibrillation and atrial flutter attract ICD-10-AM code I48, in applying this Statement of Principles the meaning of atrial fibrillation and atrial flutter 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 atrial fibrillation and atrial flutter*

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

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

### **8 Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that atrial fibrillation and atrial flutter and death from atrial fibrillation and atrial flutter can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, atrial fibrillation and atrial flutter or death from atrial fibrillation and atrial flutter is connected with the circumstances of a person's relevant service:

- (1) having valvular heart disease at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note 1: **valvular heart disease** is defined in the schedule 1 Dictionary.

(2) having ischaemic heart disease at the time of the clinical onset of atrial fibrillation or atrial flutter;

(3) having non-infectious myocarditis at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note 1: Non-infectious myocarditis can be acute or chronic.

Note 2: Non-infectious myocarditis can be of autoimmune, infiltrative or immunological origin. Examples of causes of non-infectious myocarditis include immune checkpoint inhibitor therapy and giant cell myocarditis.

(4) having viral myocarditis at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note 1: Viral myocarditis can be acute or chronic.

Note 2: Examples of viral causes of myocarditis include severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and dengue virus.

(5) having a non-viral infection of the myocardium at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note: Examples of causes of non-viral infection of the myocardium include *Borrelia burgdorferi* and leptospirosis.

(6) having pericarditis at the time of the clinical onset of atrial fibrillation or atrial flutter;

(7) having cardiomyopathy at the time of the clinical onset of atrial fibrillation or atrial flutter;

(8) having heart failure at the time of the clinical onset of atrial fibrillation or atrial flutter;

(9) having hypertension before the clinical onset of atrial fibrillation or atrial flutter;

(10) having pulmonary thromboembolism within the 30 days before the clinical onset of atrial fibrillation or atrial flutter;

(11) having a thyroid condition from the specified list of thyroid conditions at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note: *specified list of thyroid conditions* is defined in the Schedule 1 – Dictionary.

(12) consuming an average of at least 150 grams of alcohol per week for a continuous period of at least the 5 years before the clinical onset of atrial fibrillation or atrial flutter;

Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.

(13) binge drinking within the 2 days before the clinical onset of atrial fibrillation or atrial flutter;

Note: *binge drinking* is defined in the Schedule 1 – Dictionary.

- (14) having a thoracic surgical procedure or an invasive cardiac procedure within the 1 year before the clinical onset of atrial fibrillation or atrial flutter;

Note 1: Examples of thoracic surgical procedures include vascular, mediastinal, pulmonary and chest wall surgery.

Note 2: Examples of invasive cardiac procedures include:

- (a) coronary artery bypass grafting;
- (b) heart transplant;
- (c) open heart surgery; and
- (d) transcatheter aortic valve implantation.

- (15) having a non-cardiothoracic surgical procedure involving general or regional anaesthesia, within the 30 days before the clinical onset of atrial fibrillation or atrial flutter;

Note: Examples of non-cardiothoracic surgical procedures include emergency or elective orthopaedic and abdominal surgery and neurosurgery.

- (16) having chronic obstructive pulmonary disease at the time of the clinical onset of atrial fibrillation or atrial flutter;

- (17) having asthma of sufficient severity to require maintenance therapy at the time of the clinical onset of atrial fibrillation or atrial flutter;

- (18) undertaking strenuous physical activity greater than 6 METs, for an average of at least 20 hours per week for a continuous period of at least the 5 years before the clinical onset of atrial fibrillation or atrial flutter;

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

- (19) inability to undertake any physical activity greater than 3 METs for at least the 1 year before the clinical onset of atrial fibrillation and atrial flutter;

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

- (20) having sick sinus syndrome at the time of the clinical onset of atrial fibrillation or atrial flutter;

- (21) having a benign or malignant neoplasm involving the cardiac atrium at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note: A neoplasm involving the cardiac atrium can be primary or metastatic. An example of a primary neoplasm involving the heart is cardiac lymphoma.

- (22) having a non-neoplastic lesion involving the cardiac atrium at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note: Examples of non-neoplastic lesions which can involve the cardiac atrium include cardiac tamponade and coronary artery aneurysm.

- (23) having a malignant neoplasm, excluding non-melanotic malignant neoplasm of the skin, at the time of the clinical onset of atrial fibrillation or atrial flutter;

- (24) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical onset of atrial fibrillation or atrial flutter;
- (25) having diabetes mellitus for at least the 5 years before the clinical onset of atrial fibrillation or atrial flutter;
- (26) experiencing penetrating trauma to the heart within the 1 year before the clinical onset of atrial fibrillation or atrial flutter;
- (27) having a spinal cord injury before the clinical onset of atrial fibrillation or atrial flutter;

Note: *spinal cord injury* is defined in the Schedule 1 – Dictionary.

- (28) having sepsis, or an injury or illness requiring admission to an intensive care unit or mechanical ventilation within the 30 days before the clinical onset of atrial fibrillation or atrial flutter;

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

- (29) having infiltration of the myocardium due to amyloidosis or sarcoidosis at the time of the clinical onset of atrial fibrillation or atrial flutter;

- (30) having an autoimmune or inflammatory disease from the specified list of autoimmune or inflammatory diseases at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note: *specified list of autoimmune or inflammatory diseases* is defined in the Schedule 1 - Dictionary.

- (31) being overweight or obese for at least the 5 years before the clinical onset of atrial fibrillation or atrial flutter;

Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.

- (32) having obstructive sleep apnoea at the time of the clinical onset of atrial fibrillation or atrial flutter;

- (33) having smoked tobacco products in an amount of at least 10 pack-years before the clinical onset of atrial fibrillation or atrial flutter; and if smoking has ceased before the clinical onset of atrial fibrillation or atrial flutter, then that onset occurred within 5 years of cessation;

Note: *one pack-year* is defined in the Schedule 1 - Dictionary.

- (34) having chronic renal failure at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.

- (35) having systemic chemotherapy for a malignant disease at the time of the clinical onset of atrial fibrillation or atrial flutter;

Note: Examples of systemic chemotherapy for malignant disease include:

- (a) anthracyclines including doxorubicin;

- (b) HER2 inhibitors including trastuzumab; and
- (c) tyrosine kinase inhibitors including ibrutinib.

- (36) having glucocorticoid therapy as specified before the clinical onset of atrial fibrillation or atrial flutter, and if the glucocorticoid therapy as specified has ceased or decreased before the clinical onset of atrial fibrillation or atrial flutter, then that onset occurred within 30 days of cessation of therapy;

Note: **glucocorticoid therapy as specified** is defined in the Schedule 1 - Dictionary.

- (37) taking a drug from the specified list of drugs within the 7 days before the clinical onset of atrial fibrillation or atrial flutter;

Note: **specified list of drugs** is defined in the Schedule 1 - Dictionary.

- (38) having valvular heart disease at the time of the clinical worsening of atrial fibrillation or atrial flutter;

Note 1: **valvular heart disease** is defined in the schedule 1 Dictionary.

- (39) having ischaemic heart disease at the time of the clinical worsening of atrial fibrillation or atrial flutter;

- (40) having non-infectious myocarditis at the time of the clinical worsening of atrial fibrillation or atrial flutter;

Note 1: Non-infectious myocarditis can be acute or chronic.

Note 2: Non-infectious myocarditis can be of autoimmune, infiltrative or immunological origin. Examples of causes of non-infectious myocarditis include immune checkpoint inhibitor therapy and giant cell myocarditis.

- (41) having viral myocarditis at the time of the clinical worsening of atrial fibrillation or atrial flutter;

Note 1: Viral myocarditis can be acute or chronic.

Note 2: Examples of viral causes of myocarditis include severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and dengue virus.

- (42) having a non-viral infection of the myocardium at the time of the clinical worsening of atrial fibrillation or atrial flutter;

Note: Examples of causes of non-viral infection of the myocardium include *Borrelia burgdorferi* and leptospirosis.

- (43) having pericarditis at the time of the clinical worsening of atrial fibrillation or atrial flutter;

- (44) having cardiomyopathy at the time of the clinical worsening of atrial fibrillation or atrial flutter;

- (45) having heart failure at the time of the clinical worsening of atrial fibrillation or atrial flutter;



- (46) having hypertension before the clinical worsening of atrial fibrillation or atrial flutter;
- (47) having pulmonary thromboembolism within the 30 days before the clinical worsening of atrial fibrillation or atrial flutter;
- (48) having a thyroid condition from the specified list of thyroid conditions at the time of the clinical worsening of atrial fibrillation or atrial flutter;
- Note: *specified list of thyroid conditions* is defined in the Schedule 1 – Dictionary.
- (49) consuming an average of at least 150 grams of alcohol per week for a continuous period of at least the 5 years before the clinical worsening of atrial fibrillation or atrial flutter;
- Note: Alcohol consumption is calculated utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink.
- (50) binge drinking within the 2 days before the clinical worsening of atrial fibrillation or atrial flutter;
- Note: *binge drinking* is defined in the Schedule 1 – Dictionary.
- (51) having a thoracic surgical procedure or an invasive cardiac procedure within the 1 year before the clinical worsening of atrial fibrillation or atrial flutter;
- Note 1: Examples of thoracic surgical procedures include vascular, mediastinal, pulmonary and chest wall surgery.
- Note 2: Examples of invasive cardiac procedures include:
- (a) coronary artery bypass grafting;
  - (b) heart transplant;
  - (c) open heart surgery; and
  - (d) transcatheter aortic valve implantation.
- (52) having a non-cardiothoracic surgical procedure involving general or regional anaesthesia, within the 30 days before the clinical worsening of atrial fibrillation or atrial flutter;
- Note: Examples of non-cardiothoracic surgical procedures include emergency or elective orthopaedic and abdominal surgery and neurosurgery.
- (53) having chronic obstructive pulmonary disease at the time of the clinical worsening of atrial fibrillation or atrial flutter;
- (54) having asthma of sufficient severity to require maintenance therapy at the time of the clinical worsening of atrial fibrillation or atrial flutter;
- (55) undertaking strenuous physical activity greater than 6 METs, for an average of at least 20 hours per week for a continuous period of at least the 5 years before the clinical worsening of atrial fibrillation or atrial flutter;
- Note: *MET* is defined in the Schedule 1 – Dictionary.

- (56) inability to undertake any physical activity greater than 3 METs for at least the 1 year before the clinical worsening of atrial fibrillation or atrial flutter;

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

- (57) having sick sinus syndrome at the time of the clinical worsening of atrial fibrillation or atrial flutter;

- (58) having a benign or malignant neoplasm involving the cardiac atrium at the time of the clinical worsening of atrial fibrillation or atrial flutter;

Note: A neoplasm involving the cardiac atrium can be primary or metastatic. An example of a primary neoplasm involving the heart is cardiac lymphoma.

- (59) having a non-neoplastic lesion involving the cardiac atrium at the time of the clinical worsening of atrial fibrillation or atrial flutter;

Note: Examples of non-neoplastic lesions which can involve the cardiac atrium include cardiac tamponade and coronary artery aneurysm.

- (60) having a malignant neoplasm, excluding non-melanotic malignant neoplasm of the skin, at the time of the clinical worsening of atrial fibrillation or atrial flutter;

- (61) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, before the clinical worsening of atrial fibrillation or atrial flutter;

- (62) having diabetes mellitus for at least the 5 years before the clinical worsening of atrial fibrillation or atrial flutter;

- (63) experiencing penetrating trauma to the heart within the 1 year before the clinical worsening of atrial fibrillation or atrial flutter;

- (64) having a spinal cord injury before the clinical worsening of atrial fibrillation or atrial flutter;

Note: **spinal cord injury** is defined in the Schedule 1 – Dictionary.

- (65) having sepsis, or an injury or illness requiring admission to an intensive care unit or mechanical ventilation within the 30 days before the clinical worsening of atrial fibrillation or atrial flutter;

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

- (66) having infiltration of the myocardium due to amyloidosis or sarcoidosis at the time of the clinical worsening of atrial fibrillation or atrial flutter;

- (67) having an autoimmune or inflammatory disease from the specified list of autoimmune or inflammatory diseases at the time of the clinical worsening of atrial fibrillation or atrial flutter;

Note: **specified list of autoimmune or inflammatory diseases** is defined in the Schedule 1 - Dictionary.

- (68) being overweight or obese for at least the 5 years before the clinical worsening of atrial fibrillation or atrial flutter;  
 Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.
- (69) having obstructive sleep apnoea at the time of the clinical worsening of atrial fibrillation or atrial flutter;
- (70) having smoked tobacco products in an amount of at least 10 pack-years before the clinical worsening of atrial fibrillation or atrial flutter; and if smoking has ceased before the clinical worsening of atrial fibrillation or atrial flutter, then that worsening occurred within 5 years of cessation;  
 Note: *one pack-year* is defined in the Schedule 1 - Dictionary.
- (71) having chronic renal failure at the time of the clinical worsening of atrial fibrillation or atrial flutter;  
 Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.
- (72) having systemic chemotherapy for a malignant disease at the time of the clinical worsening of atrial fibrillation or atrial flutter;  
 Note: Examples of systemic chemotherapy for malignant disease include:
- (a) anthracyclines including doxorubicin;
  - (b) HER2 inhibitors including trastuzumab; and
  - (c) tyrosine kinase inhibitors including ibrutinib.
- (73) having glucocorticoid therapy as specified before the clinical worsening of atrial fibrillation or atrial flutter, and if the glucocorticoid therapy as specified has ceased or decreased before the clinical worsening of atrial fibrillation or atrial flutter, then that worsening occurred within 30 days of cessation of therapy;  
 Note: *glucocorticoid therapy as specified* is defined in the Schedule 1 - Dictionary.
- (74) taking a drug from the specified list of drugs:
- (a) as prescribed for ongoing use; and
  - (b) within the 7 days before the clinical worsening of atrial fibrillation or atrial flutter;
- Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.
- (75) inability to obtain appropriate clinical management for atrial fibrillation and atrial flutter.

## 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(38) to 9(75) apply only to material contribution to, or aggravation of, atrial fibrillation and atrial flutter where the person's atrial fibrillation and atrial flutter 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(3) 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:

***atrial fibrillation and atrial flutter***—see subsection 7(2).

***being overweight or obese*** means:

- (a) having a Body Mass Index (BMI) of 25 or greater; or
- (b) for males, having a waist circumference exceeding 94 centimetres; or
- (c) for females, having a waist circumference exceeding 80 centimetres.

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

***binge drinking*** means consumption of large amounts of alcohol in a short space of time resulting in acute alcohol intoxication.

Note: Acute alcohol intoxication typically occurs when there is consumption of:

- (a) 4 or more standard alcoholic drinks by an adult female within a 2 hour time period; or
- (b) 5 or more standard alcoholic drinks by an adult male within a 2 hour time period; or
- (c) sufficient alcohol as would result in a blood alcohol concentration greater than 0.1 gram of alcohol per 100 millilitres of blood.

***BMI*** means  $W/H^2$  where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

***chronic renal failure*** means:

- (a) having a glomerular filtration rate of less than 15 mL/min/1.73 m<sup>2</sup> for a period of at least 3 months; or
- (b) a need for renal replacement therapy (dialysis or transplantation) for treatment of complications of decreased glomerular filtration rate which would otherwise increase the risk of morbidity and mortality; or
- (c) undergoing chronic dialysis.

***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 (milligram)	Minimum average rate (milligram/day)
betamethasone	45	1.5
cortisone	1 875	62.5
dexamethasone	55	1.8
methylprednisolone	300	10
paramethasone	150	5
prednisolone	375	12.5
prednisone	375	12.5
triamcinolone	300	10

***glucocorticoid therapy as specified*** means taking:

- (a) hydrocortisone, orally or by injection:
  - (i) to a cumulative dose of at least 1,500 milligrams; and
  - (ii) at a minimum dose rate averaging 50 milligrams per day; or
- (b) equivalent glucocorticoid therapy, orally or by injection.

Note: *equivalent glucocorticoid therapy* is also defined in the Schedule 1 – Dictionary.

**MET** means 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.

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

**one pack-year** means the amount of tobacco consumed in smoking 20 cigarettes per day for a period of 1 year, or an equivalent amount of tobacco products.

Note 1: An equivalent amount of tobacco products is 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same. For pipe tobacco, cigars or combinations of multiple tobacco types, 1 gram of tobacco is considered to be equal to one cigarette.

Note 2: Pack-years are calculated by dividing the number of cigarettes smoked per day by 20 and multiplying this number by the number of years the person has smoked. For example, smoking 10 cigarettes per day for 10 years is equal to 5 pack-years, and smoking 40 cigarettes per day for 10 years is equal to 20 pack-years.

**relevant service** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

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

**sepsis** means life-threatening organ dysfunction caused by an overwhelming host response to infection.

**specified list of drugs** means:

- (a) adenosine;
- (b) dobutamine; or
- (c) milrinone.

**specified list of thyroid conditions** means:

- (a) hyperthyroidism; including goitre or Graves disease which has resulted in hyperthyroidism;
- (b) subclinical hyperthyroidism; or
- (c) thyrotoxicosis.

Note: **subclinical hyperthyroidism** is also defined in the Schedule 1 – Dictionary.

**spinal cord injury** means an injury to the long tracts of the spinal cord resulting in permanent motor or sensory deficits below the level of the lesion.

**specified list of autoimmune or inflammatory diseases** means:

- (a) ankylosing spondylitis or another autoimmune inflammatory spondyloarthritis;
- (b) coeliac disease;

- (c) giant cell arteritis;
- (d) inflammatory bowel disease;
- (e) psoriasis;
- (f) rheumatoid arthritis;
- (g) systemic lupus erythematosus; or
- (h) systemic sclerosis (scleroderma).

**subclinical hyperthyroidism** means having normal free thyroxine (FT4) and total triiodothyronine (T3) levels in conjunction with a thyrotropin (TSH) level persistently below the normal range in the absence of factors known to suppress TSH.

**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.

**valvular heart disease** means haemodynamically significant stenosis or incompetence of one or more cardiac valves.

Note: An example of a cause of haemodynamically significant valvular heart disease is rheumatic heart disease.

**VEA** means the Veterans' Entitlements Act 1986.