

Revocation and Determination

of

Statement of Principles
concerning

SLEEP APNOEA

for the purposes of the

Veterans' Entitlements Act 1986

and

Military Rehabilitation and Compensation Act 2004

1. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 39 of 1997; and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2.
 - (a) This Statement of Principles is about **sleep apnoea** and **death from sleep apnoea**.
 - (b) For the purposes of this Statement of Principles, “**sleep apnoea**” means sleep disordered breathing characterised by periods of cessation or reduction in airflow at the nose and mouth, leading to arousals from sleep (disrupted sleep architecture), together with significant clinical consequences such as excessive daytime sleepiness, impaired memory, difficulty concentrating, morning headache, pulmonary hypertension, right heart failure or respiratory failure.
 - (c) Sleep apnoea attracts ICD-10-AM code G47.30, G47.31, G47.32, G47.33 or G47.39.
 - (d) In the application of this Statement of Principles, the definition of “**sleep apnoea**” is that given at paragraph 2(b) above.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **sleep apnoea** and **death from sleep apnoea** 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

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

Factors

5. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **sleep apnoea** or **death from sleep apnoea** with the circumstances of a person's relevant service is:
 - (a) having chronic obstruction of the upper airways at the time of the clinical onset of sleep apnoea; or
 - (b) being obese at the time of the clinical onset of sleep apnoea; or
 - (c) having hypothyroidism at the time of the clinical onset of sleep apnoea; or
 - (d) having acromegaly at the time of the clinical onset of sleep apnoea; or
 - (e) having congestive cardiac failure at the time of the clinical onset of sleep apnoea; or
 - (f) having a central nervous system disorder involving the upper or mid cervical cord, brain stem, cerebrum or extrapyramidal system at the time of the clinical onset of sleep apnoea; or
 - (g) having autonomic neuropathy at the time of the clinical onset of sleep apnoea; or
 - (h) being infected with human immunodeficiency virus (HIV) at the time of the clinical onset of sleep apnoea; or
 - (i) having end stage renal failure at the time of the clinical onset of sleep apnoea; or

- (j) having chronic obstruction of the upper airways at the time of the clinical worsening of sleep apnoea; or
- (k) being obese at the time of the clinical worsening of sleep apnoea; or
- (l) having hypothyroidism at the time of the clinical worsening of sleep apnoea; or
- (m) having acromegaly at the time of the clinical worsening of sleep apnoea; or
- (n) having congestive cardiac failure at the time of the clinical worsening of sleep apnoea; or
- (o) having a central nervous system disorder involving the upper or mid cervical cord, brain stem, cerebrum or extrapyramidal system at the time of the clinical worsening of sleep apnoea; or
- (p) having autonomic neuropathy at the time of the clinical worsening of sleep apnoea; or
- (q) being infected with human immunodeficiency virus (HIV) at the time of the clinical worsening of sleep apnoea; or
- (r) having end stage renal failure at the time of the clinical worsening of sleep apnoea; or
- (s) consuming an average of at least 30 grams of alcohol per day for at least the six months before the clinical worsening of sleep apnoea; or
- (t) inability to obtain appropriate clinical management for sleep apnoea.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(j)** to **(t)** apply only to material contribution to, or aggravation of, sleep apnoea where the person's sleep apnoea was suffered or contracted before or during (but not arising out of) the person's relevant service.

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:

“a central nervous system disorder” means a condition such as cerebrovascular accident, Parkinson’s disease, multiple sclerosis, or Alzheimer’s disease;

“acromegaly” means a chronic disease of adults resulting from hypersecretion 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;

“autonomic neuropathy” means a disease involving the autonomic nervous system, affecting mostly the internal organs such as the bladder, the cardiovascular system, the digestive tract, and the genital organs, and which is also known as visceral neuropathy;

“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;

“chronic obstruction of the upper airways” means ongoing obstruction at the level of the nose, nasopharynx, oropharynx, hypopharynx or larynx;

“congestive cardiac failure” means a clinical syndrome due to heart disease, resulting in congestion in the peripheral circulation with or without congestion of the lungs;

“death from sleep apnoea” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s sleep apnoea;

“end stage renal disease” means irreversible chronic renal failure of a severity that necessitates treatment with dialysis or renal transplant;

“hypothyroidism” means a disease state characterised by a reduction in circulating thyroid hormones;

“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), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

“relevant service” means:

- (a) operational service under the VEA; or
- (b) peacekeeping service under the VEA; or
- (c) hazardous service under the VEA; or
- (d) warlike service under the MRCA; or
- (e) 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

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

Date of effect

10. This Instrument takes effect from 13 April 2005.

Dated this *second* day of *April* 2005

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

KEN DONALD
CHAIRPERSON