



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**ANOSMIA**

**No. 119 of 2011**

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 anosmia No. 119 of 2011.

**Determination**

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the VEA).

**Kind of injury, disease or death**

3. (a) This Statement of Principles is about **anosmia** and **death from anosmia**.  
(b) For the purposes of this Statement of Principles, "**anosmia**" means an acquired, total and permanent loss of the ability to smell, due to a defect in the olfactory neuroepithelium, olfactory nerves or olfactory neural pathways.

**Basis for determining the factors**

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **anosmia** and **death from anosmia** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **anosmia** or **death from anosmia** is connected with the circumstances of a person's relevant service is:
  - (a) having chronic nasal polyposis for at least the ten years before the clinical onset of anosmia; or
  - (b) having chronic sinusitis for at least the ten years before the clinical onset of anosmia; or
  - (c) having a specified condition which damages the olfactory neuroepithelium, the olfactory bulb or the olfactory neural pathways at the time of the clinical onset of anosmia; or
  - (d) having a specified systemic disease before the clinical onset of anosmia; or
  - (e) having Paget's disease of bone affecting the skull at the time of the clinical onset of anosmia; or
  - (f) having a specified neurological disorder at the time of the clinical onset of anosmia; or
  - (g) being treated with a drug which is associated in the individual with the development of symptoms or signs of anosmia within three weeks of commencing drug therapy, in the absence of clinical or laboratory evidence of anosmia prior to commencing drug therapy, and the persistence of anosmia at least six months after discontinuing drug therapy; or
  - (h) receiving an intranasal application of a preparation containing zinc gluconate or zinc sulphate within the 48 hours before the clinical onset of anosmia; or
  - (i) regularly using intranasal cocaine such that there is destruction of the nasal septum, palate or paranasal sinuses before the clinical onset of anosmia; or

- (j) inhaling fumes from a specified metal or compounds containing a specified metal for a cumulative period of at least 5000 hours before the clinical onset of anosmia, and where that exposure has ceased, the clinical onset of anosmia occurred within one year of cessation; or
- (k) inhaling fumes from a specified volatile substance for a cumulative period of at least 5000 hours, before the clinical onset of anosmia, and where that exposure has ceased, the clinical onset of anosmia occurred within one year of cessation; or
- (l) experiencing acute, symptomatic poisoning from a neurotoxic substance from the specified list within the 30 days before the clinical onset of anosmia; or
- (m) smoking at least 40 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of anosmia, and where smoking has not ceased prior to the clinical onset of anosmia; or
- (n) having pellagra at the time of the clinical onset of anosmia; or
- (o) inability to obtain appropriate clinical management for anosmia.

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

- 7. Paragraph **6(o)** applies only to material contribution to, or aggravation of, anosmia where the person's anosmia 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 neurotoxic substance from the specified list"** means one of the following:

- (a) ammonia;
- (b) barbituric acid;
- (c) chlorine; or
- (d) formaldehyde;

**"a specified condition"** means:

- (a) a head injury;
- (b) a primary or secondary neoplasm;
- (c) a surgical procedure; or
- (d) an infection;

**"a specified metal"** means:

- (a) cadmium; or
- (b) nickel;

**"a specified neurological disorder"** means:

- (a) Alzheimer-type dementia;
- (b) cerebrovascular accident;
- (c) frontotemporal dementia;
- (d) Lewy Body disease;
- (e) multiple sclerosis;
- (f) Parkinson's disease; or
- (g) subarachnoid haemorrhage;

**"a specified systemic disease"** means:

- (a) Churg-Strauss syndrome;
- (b) sarcoidosis; or
- (c) Wegener's granulomatosis;

**"a specified volatile substance"** means:

- (a) acrylate; or
- (b) methylacrylate;

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

**"fumes"** means combustion products, aerosols, vapours or dust arising through industrial processes or from workplace practices that involve the refining, manufacture or use of the stated material;

**"nasal polyposis"** means the presence of mucosal growths in the nasal cavity;

**"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 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 7300 cigarettes, or 7.3 kilograms of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars smoked, alone or in any combination;

"**pellagra**" means chronic nicotinic acid deficiency, characterised by skin changes, nervous dysfunction and diarrhoea;

"**relevant service**" means:

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

**Date of effect**

**10.** This Instrument takes effect from 31 August 2011.

Dated this *nineteenth* day of *August* 2011

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

KEN DONALD  
CHAIRPERSON