



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
SUBARACHNOID HAEMORRHAGE
(Balance of Probabilities)
(No. 68 of 2019)

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

Dated 21 June 2019

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

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *subarachnoid haemorrhage (Balance of Probabilities)* (No. 68 of 2019).

2 Commencement

This instrument commences on 22 July 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning subarachnoid haemorrhage No. 68 of 2010 (Federal Register of Legislation No. F2010L02307) made under subsection 196B(3) of the VEA is repealed.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 subarachnoid haemorrhage and death from subarachnoid haemorrhage.

Meaning of subarachnoid haemorrhage

- (2) For the purposes of this Statement of Principles, subarachnoid haemorrhage:
 - (a) means bleeding into the intracranial subarachnoid space; and
 - (b) excludes an extension of bleeding into the subarachnoid space from a cerebral tumour or from an intracerebral haemorrhage.
- (3) While subarachnoid haemorrhage attracts ICD-10-AM code I60 or S06.6, in applying this Statement of Principles the meaning of subarachnoid haemorrhage 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 subarachnoid haemorrhage

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

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 subarachnoid haemorrhage and death from subarachnoid haemorrhage 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, subarachnoid haemorrhage or death from subarachnoid haemorrhage is connected with the circumstances of a person's relevant service:

- (1) undertaking physical activity of at least six METs within the two hours before the clinical onset of subarachnoid haemorrhage;

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

- (2) having concussion or moderate to severe traumatic brain injury within the 30 days before the clinical onset of subarachnoid haemorrhage;
- (3) having hypertension at the time of the clinical onset of subarachnoid haemorrhage;
- (4) having pregnancy-induced hypertension at the time of the clinical onset of subarachnoid haemorrhage;
- (5) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of subarachnoid haemorrhage, and where smoking has ceased, the clinical onset of subarachnoid haemorrhage has occurred within ten years of cessation;

Note: *pack-year of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (6) undergoing antithrombotic therapy within the two weeks before the clinical onset of subarachnoid haemorrhage;
- Note: *antithrombotic therapy* is defined in the Schedule 1 - Dictionary.
- (7) taking at least 700 milligrams of aspirin within a seven day period before the clinical onset of subarachnoid haemorrhage, and where the last dose of aspirin was taken no more than seven days before the clinical onset of subarachnoid haemorrhage;
- (8) having infective intracranial vasculitis at the time of the clinical onset of subarachnoid haemorrhage;
- (9) having an inflammatory vascular disease from the specified list of inflammatory vascular diseases affecting the cerebral vessels at the time of the clinical onset of subarachnoid haemorrhage;
- Note: *specified list of inflammatory vascular diseases* is defined in the Schedule 1 - Dictionary.
- (10) for males, consuming an average of at least 200 grams of alcohol per week for a continuous period of at least the six months before the clinical onset of subarachnoid haemorrhage;
- Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.
- (11) for females, consuming an average of at least 150 grams of alcohol per week for a continuous period of at least the six months before the clinical onset of subarachnoid haemorrhage;
- Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.
- (12) using a drug from the specified list of drugs within the 72 hours before the clinical onset of subarachnoid haemorrhage;
- Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.
- (13) taking an oral contraceptive pill for a period of at least the three weeks before the clinical onset of subarachnoid haemorrhage;
- (14) having an acquired disorder resulting in impaired haemostasis at the time of the clinical onset of subarachnoid haemorrhage;
- Note: Examples of acquired disorders which have impaired haemostasis include, but are not limited to, thrombocytopaenia, cirrhosis of the liver and aplastic anaemia.
- (15) inability to obtain appropriate clinical management for subarachnoid haemorrhage.

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 factor set out in subsection 9(15) applies only to material contribution to, or aggravation of, subarachnoid haemorrhage where the person's subarachnoid haemorrhage 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:

antithrombotic therapy means taking a drug for the treatment or prophylaxis of a thrombotic event, and includes antiplatelet drugs, anticoagulants and thrombolytic agents.

Note: Examples of drugs used in antithrombotic therapy include, but are not limited to, aspirin, clopidogrel, tirofiban, warfarin, heparin, dabigatran, apixaban, rivaroxaban and alteplase.

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, 1.0 kcal/kg of body weight per hour or resting metabolic rate.

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

pack-year 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 7 300 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 mean cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

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.

specified list of drugs means:

- (a) amphetamine;
- (b) cocaine;
- (c) dextroamphetamine;
- (d) methamphetamine;
- (e) phenylpropanolamine; or
- (f) 3,4-methylenedioxymethamphetamine (ecstasy).

specified list of inflammatory vascular diseases means:

- (a) allergic granulomatous angiitis;
- (b) Behcet disease;
- (c) giant cell arteritis;
- (d) granulomatosis with polyangiitis (Wegener granulomatosis);
- (e) polyarteritis nodosa;
- (f) rheumatoid arthritis;

- (g) Sjogren syndrome;
- (h) systemic lupus erythematosus; or
- (i) Takayasu arteritis.

subarachnoid haemorrhage—see subsection 7(2).

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.

VEA means the *Veterans' Entitlements Act 1986*.