

# Statement of Principles concerning TOOTH DECAY (DENTAL CARIES) (Reasonable Hypothesis) (No. 74 of 2024)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 18 October 2024.

Professor Terence Campbell AM Chairperson by and on behalf of The Repatriation Medical Authority

### Contents

	1	Name	3
	2	Commencement	3
	3	Authority	3
	4	Repeal	3
	5	Application	3
	6	Definitions	3
	7	Kind of injury, disease or death to which this Statement of Principles relates	3
	8	Basis for determining the factors	4
	9	Factors that must exist	4
	10	Relationship to service	6
	11	Factors referring to an injury or disease covered by another Statement of Principles	6
Schedule 1 - Dictionary			7
	1	Definitions	7

#### 1 Name

This is the Statement of Principles concerning tooth decay (dental caries) (Reasonable Hypothesis) (No. 74 of 2024).

#### 2 Commencement

This instrument commences on 19 November 2024.

#### 3 Authority

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

#### 4 Repeal

The Statement of Principles concerning dental caries (Reasonable Hypothesis) (No. 122 of 2015) (Federal Register of Legislation No. F2015L01675) made under subsection 196B(2) of the VEA is repealed.

#### 5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 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 tooth decay (dental caries) and death from tooth decay (dental caries).

Meaning of tooth decay (dental caries)

- (2) For the purposes of this Statement of Principles, tooth decay (dental caries):
  - (a) means the localised destruction of dental hard tissues (enamel, cementum or dentine) by dental plaque, leading to demineralisation or cavity formation; and
  - (b) excludes:
    - (i) dental pulp and periapical disease;
    - (ii) tooth loss; and
    - (iii) tooth wear.

Note: Tooth decay (dental caries) can involve any part of the tooth, including the crown, neck or root.

- (3) While tooth decay (dental caries) attracts ICD-10-AM codes K02.0, K02.1, K02.2, K02.3, K02.5, K02.8 and K02.9, in applying this Statement of Principles the meaning of tooth decay (dental caries) 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 tooth decay (dental caries)

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

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

#### 8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that tooth decay (dental caries) and death from tooth decay (dental caries) 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 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting tooth decay (dental caries) or death from tooth decay (dental caries) with the circumstances of a person's relevant service:

- (1) having tooth wear involving the affected tooth for at least the 4 weeks before clinical onset;
- (2) having loss of gum tissue from the base of the affected tooth, with exposure of the root surface (gingival recession), for at least the 4 weeks before clinical onset of root surface caries;
- (3) having a course of therapeutic radiation to the head or neck, where the affected tooth was in the field of radiation, within the 2 years before clinical onset or clinical worsening;

(4) having dry mouth resulting from severely reduced saliva flow (xerostomia) for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening;

Note: Xerostomia can result from surgery, Sjögren syndrome, or a wide variety of drugs, including anticholinergics, tricyclic antidepressants and amphetamines.

- (5) inability to obtain the rapeutic exposure to fluoride to the teeth in at least one of the following forms:
  - (a) fluoridated drinking water with a fluoride concentration of at least 0.5 milligrams per litre;
  - (b) fluoridated toothpaste with a fluoride concentration of at least 1,000 parts per million;
  - (c) liquid, tablet or lozenge formulation;

on more days than not for a continuous period of at least 1 year, within the 5 years before clinical onset or clinical worsening;

- (6) consuming foods, beverages or other products containing sugar or processed starch:
  - (a) continuously over a period of at least 6 hours per day; or
  - (b) on at least 10 separate occasions per day with more than 30 minutes between exposures; and

for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening;

(7) having smoked at least 3 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation;

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

- (8) the use of chewing tobacco:
  - (a) on more days than not; and
  - (b) for at least 10 years before clinical onset or clinical worsening; and

where the use of chewing tobacco has ceased, clinical onset or clinical worsening occurred within 10 years of cessation;

(9) inability to perform effective personal cleaning of the affected tooth for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening;

Note: Examples of circumstances where there can be an inability to perform effective personal cleaning of the affected tooth include active combat, the presence of a physical disability or a severe mental disability affecting self-care, and the presence of a fixed orthodontic appliance.

- (10) inability to access preventive professional dental care at least every 15 months, within the 5 years before clinical onset or clinical worsening;
- (11) being a prisoner of war before clinical onset or clinical worsening;
- (12) inability to obtain appropriate clinical management for tooth decay (dental caries) before clinical worsening.

#### 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 clinical worsening aspects of factors in Section 9 apply only to material contribution to, or aggravation of, tooth decay (dental caries) where the person's tooth decay (dental caries) 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(2) 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:

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) 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.

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

*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.

tooth decay (dental caries)—see subsection 7(2).

VEA means the Veterans' Entitlements Act 1986.