

# REVOKED

## Determination

of

## Statement of Principles concerning

# SLEEP APNOEA

ICD CODES: 780.51, 780.53, 780.57

## *Veterans' Entitlements Act 1986*

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

### **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 a form of sleep disordered breathing characterised by periods of cessation and/or reduction in airflow at the nose and mouth occurring during sleep. Such episodes should last at least 10 seconds, leading to the clinical features of sleep apnoea syndrome (such as, excessive daytime sleepiness, impaired memory and concentration, morning headaches, pulmonary hypertension, right heart failure or respiratory failure), attracting ICD code 780.51, 780.53 or 780.57.

Note: The consumption of alcohol contained within alcoholic drinks may lead to a transient sleep apnoea, while the alcohol is in the body system. This form of sleep apnoea is not a disease or injury as defined under section 5D of the *Veterans' Entitlements Act of 1986* because of its temporary nature.

Note to user (this note does not form part of the legal wording of the instrument):

In the event that sleep apnoea is claimed as secondary to alcohol consumption as referred to in the note above (which is excluded from coverage by this Statement of

Principles), reference should be made to the Statement of Principles concerning psychoactive substance abuse.

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

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **sleep apnoea and death from sleep apnoea** can be related to relevant service rendered by veterans or members of the Forces.

### **Factors that must be related to service**

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

### **Factors**

5. The factors that must exist before it can be said that, on the balance of probabilities, **sleep apnoea** or **death from sleep apnoea** is connected with the circumstances of a person's relevant service are:
  - (a) suffering from 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) suffering from hypothyroidism at the time of the clinical onset of sleep apnoea; or
  - (d) suffering from acromegaly at the time of the clinical onset of sleep apnoea; or
  - (e) suffering from congestive cardiac failure at the time of the clinical onset of sleep apnoea; or
  - (f) suffering from 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) suffering from 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

- (j) suffering from 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
- (m) suffering from hypothyroidism at the time of the clinical worsening of sleep apnoea; or
- (n) suffering from acromegaly before the clinical worsening of sleep apnoea; or
- (o) suffering from congestive cardiac failure at the time of the clinical worsening of sleep apnoea; or
- (p) suffering from 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
- (q) suffering from autonomic neuropathy at the time of the clinical worsening of sleep apnoea; or
- (r) being infected with human immunodeficiency virus (HIV) at the time of the clinical worsening of sleep apnoea; or
- (s) inability to obtain appropriate clinical management for sleep apnoea.

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

6. Paragraphs 5(j) to 5(s) 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; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

#### **Other definitions**

7. For the purposes of this Statement of Principles:

**“a central nervous system disorder involving the upper or mid cervical cord, brain stem, cerebrum or extrapyramidal system”** means conditions such as cerebrovascular accidents, Parkinson's disease, multiple sclerosis, Alzheimer's disease and other degenerative central nervous system diseases;

**“acromegaly”** means a chronic disease occurring in adult life due to hypersecretion of the pituitary growth hormone and characterised by enlargement of many parts of the skeleton especially the distal portions, the nose, ears, jaws, fingers and toes, attracting ICD code 253.0;

**“autonomic neuropathy”** means any neuropathy of the autonomic system, causing symptoms or signs such as orthostatic hypotension, disordered bowel, bladder or sexual functions, or abnormal pupillary reflexes, attracting ICD code 337.0, 337.1 or 337.9. It is a complication of many diseases including Adie’s syndrome, chronic alcoholism, diabetes mellitus, dysautonomia, and Shy-Drager syndrome;

**“being infected with human immunodeficiency virus (HIV)”** means serological evidence of infection with human immunodeficiency virus, attracting ICD code 042 or 079.53;

**“being obese”** means an increase in body weight by way of fat accumulation beyond an arbitrary limit, and due to a cause specified in the Repatriation Medical Authority’s Statement about the causes of “being obese” signed by the Chairman of the Authority on 16 August 1996, attracting ICD code 278.0;

The measurement used to define "being obese" is the Body Mass Index (BMI).

The  $BMI = W/H^2$  and where:

W is the person's weight in kilograms and  
H is the person's height in metres.

"Being obese" is considered to be present when the BMI is 30 or greater. This definition excludes weight gain not resulting from fat deposition such as gross oedema, peritoneal or pleural effusion, or muscle hypertrophy. "Being obese" develops when energy intake is in excess of expenditure for a sustained period of time.

For a factor to be included as a cause of "being obese" it must have resulted in a significant weight gain, of the order of a 20% increase in baseline weight, and in association with a BMI of 30 or greater;

**“chronic obstruction of upper airways”** means ongoing, complete or partial obstruction at the level of the nose, nasopharynx, oropharynx, hypopharynx or larynx, which may be caused by, for example, adenoidal hypertrophy, tumours, stenosis, congenital craniofacial anomalies,

choanal atresia, nasopharyngitis, allergic rhinitis, upper respiratory tract infections, nasal septal deviation, polyps, stenosis, hypertrophied tonsils, lingular tonsillar hypertrophy, macroglossia, micrognathia, retrognathia, hypoplasia of the maxilla or stenosis of the air passage;

**“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, and is characterised by breathlessness and abnormal sodium and water retention, attracting ICD code 428.0;

**“hypothyroidism”** means the functional state resulting from insufficiency of thyroid hormones, attracting ICD code 243 or 244;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

**“relevant service”** means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service).

Dated this *Second* day of *May* 1997

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

KEN DONALD  
CHAIRMAN