

Statement of Principles  
concerning

**SUBARACHNOID HAEMORRHAGE**

**No. 68 of 2010**

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 subarachnoid haemorrhage No. 68 of 2010.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 40 of 2003 concerning subarachnoid haemorrhage; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **subarachnoid haemorrhage** and **death from subarachnoid haemorrhage**.
  - (b) For the purposes of this Statement of Principles, "**subarachnoid haemorrhage**" means bleeding into the intracranial subarachnoid space. This definition excludes the following:
    - (i) bleeding from a cerebral tumour where the bleeding extends into the subarachnoid space; and
    - (ii) an intracerebral haemorrhage where the bleeding extends into the subarachnoid space.
  - (c) Subarachnoid haemorrhage attracts ICD-10-AM code I60 or S06.6.

- (d) In the application of this Statement of Principles, the definition of **"subarachnoid haemorrhage"** is that given at paragraph 3(b) above.

#### **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 **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 *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, **subarachnoid haemorrhage** or **death from subarachnoid haemorrhage** is connected with the circumstances of a person's relevant service is:
- (a) having hypertension at the time of the clinical onset of subarachnoid haemorrhage; or
  - (b) 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; or
  - (c) 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; or
  - (d) 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 has occurred within five years of cessation; or
  - (e) undergoing anticoagulant therapy at the time of the clinical onset of subarachnoid haemorrhage; or
  - (f) undergoing thrombolytic therapy at the time of the clinical onset of subarachnoid haemorrhage; or

- (g) taking at least 4200 milligrams of aspirin within a seven day period within the 21 days before the clinical onset of subarachnoid haemorrhage; or
- (h) undertaking physical activity of at least six METs within the two hours before the clinical onset of subarachnoid haemorrhage; or
- (i) using a drug from the specified list within the 72 hours before the clinical onset of subarachnoid haemorrhage; or
- (j) having pregnancy induced hypertension at the time of the clinical onset of subarachnoid haemorrhage; or
- (k) having an intracranial dissecting aneurysm at the time of the clinical onset of subarachnoid haemorrhage; or
- (l) having intracranial infective vasculitis due to a specified infection, at the time of the clinical onset of subarachnoid haemorrhage; or
- (m) having an inflammatory vascular disease affecting the cerebral vessels at the time of the clinical onset of subarachnoid haemorrhage; or
- (n) having ceased statin medication within the 30 days before the clinical onset of subarachnoid haemorrhage; or
- (o) having moderate to severe cerebral trauma within the 28 days before the clinical onset of subarachnoid haemorrhage; or
- (p) inability to obtain appropriate clinical management for subarachnoid haemorrhage.

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

- 7. Paragraph 6(p) 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 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 drug from the specified list"** means:

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

**"alcohol"** is measured by the alcohol consumption calculations utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink;

**"an inflammatory vascular disease"** means:

- (a) allergic granulomatous angiitis;
- (b) Behcet's disease;
- (c) giant-cell arteritis;
- (d) polyarteritis nodosa;
- (e) serum sickness;
- (f) Sjogren's syndrome;
- (g) systemic lupus erythematosus;
- (h) Takayasu's disease; or
- (i) Wegener's granulomatosis;

**"anticoagulant therapy"** means therapeutic administration of a pharmacological agent which suppresses, delays or nullifies blood coagulation (such as heparin, warfarin or dicumarol), but excludes antiplatelet therapy (such as aspirin, clopidogrel, ticlopidine or monoclonal antibodies and recombinant and chemically synthesised peptides that block platelet adhesion or aggregation);

**"death from 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;

**"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), Seventh Edition, effective date of

1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

**"intracranial dissecting aneurysm"** means a longitudinal splitting of the wall of a cerebral artery which produces a tear in the intima and permits blood to escape between the layers of the vessel wall;

**"intracranial infective vasculitis due to a specified infection"** means infection of the cerebral blood vessels by bacteria, fungi or varicella zoster virus. The infection most frequently originates from septic emboli due to infectious endocarditis and may involve weakening and abnormal dilation of the cerebral artery walls (mycotic aneurysm);

**"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 or 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

**"moderate to severe cerebral trauma"** means structural injury or physiological disruption of brain function as a result of external force, manifested by at least one of the following clinical features immediately following the event:

- (a) loss of consciousness lasting at least 30 minutes or posttraumatic anterograde amnesia lasting at least 24 hours;
- (b) leakage of cerebrospinal fluid;
- (c) injury involving penetration of the dura mater;
- (d) seizures;
- (e) intracranial abnormality, including:
  - (i) intracranial haemorrhage;
  - (ii) intracranial haematoma;
  - (iii) cerebral contusion;
  - (iv) hydrocephaly; and
  - (v) diffuse axonal injury; or
- (f) a Glasgow Coma Scale score of 12 or less.

In this definition, external force includes blunt trauma; acceleration or deceleration forces; blast force; or a foreign body penetrating the brain;

**"pack-year 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 kg of smoking tobacco by weight. Tobacco products means either 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; 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;

**"thrombolytic therapy"** means therapeutic administration of a pharmacological agent which breaks up or dissolves blood clots (such as streptokinase or tissue plasminogen activator).

### **Application**

- 10.** This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

### **Date of effect**

- 11.** This Instrument takes effect from 1 September 2010.

Dated this **eighteenth** day of  
**August** 2010

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

**KEN DONALD**  
**CHAIRPERSON**