



Australian Government
Repatriation Medical Authority

Statement of Principles concerning

PSORIASIS

No. 32 of 2012

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 psoriasis No. 32 of 2012.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 57 of 2002 concerning psoriasis; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **psoriasis** and **death from psoriasis**.
 - (b) For the purposes of this Statement of Principles, "**psoriasis**" means a chronic inflammatory skin disorder characterised by keratinocyte hyperproliferation resulting in erythematous plaques, patches and papules which may be pruritic and are classically covered by a silver scale. Morphological variants include the common plaque type, as well as flexural, erythrodermic, pustular and guttate forms.
 - (c) Psoriasis attracts ICD-10-AM code L40.0, L40.1, L40.2, L40.4 or L40.8.

- (d) In the application of this Statement of Principles, the definition of "**psoriasis**" 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 **psoriasis** and **death from psoriasis** 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, **psoriasis** or **death from psoriasis** is connected with the circumstances of a person's relevant service is:

- (a) for a first episode of psoriasis only,
- (i) having an acute injury to the skin of the affected site or developing a lesion of the affected site within the one month before the clinical onset of psoriasis; or
 - (ii) being treated with a drug or a drug from a class of drugs in the specified list for at least the seven days before the clinical onset of psoriasis; or
 - (iii) withdrawing from systemic glucocorticoids or high potency topical glucocorticoids in the one month before the clinical onset of psoriasis; or
 - (iv) being treated with a drug which is associated in the individual with:
 - A. the development of psoriasis during drug therapy; and either
 - B. the improvement of psoriasis within two months of discontinuing or tapering drug therapy; or
 - C. the redevelopment of psoriasis on rechallenge with the same drug;where treatment with the drug continued for at least the seven days before the clinical onset of psoriasis; or
 - (v) having a laboratory confirmed *Streptococcus pyogenes* infection of the pharynx, tonsils or skin within the one month before the clinical onset of psoriasis; or
 - (vi) being infected with human immunodeficiency virus before the clinical onset of psoriasis; or

- (vii) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of psoriasis, and where smoking has ceased, the clinical onset of psoriasis has occurred within twenty years of cessation; or
- (viii) being overweight for at least five years before the clinical onset of psoriasis; or
- (b) for impetigo herpetiformis only, being pregnant within the six weeks before the clinical onset of psoriasis; or
- (c) having an acute injury to the skin of the affected site or developing a lesion of the affected site within the one month before the clinical worsening of psoriasis; or
- (d) being treated with a drug or a drug from a class of drugs in the specified list for at least the seven days before the clinical worsening of psoriasis; or
- (e) withdrawing from systemic glucocorticoids or high potency topical glucocorticoids in the one month before the clinical worsening of psoriasis; or
- (f) being treated with a drug which is associated in the individual with:
 - (i) the worsening of psoriasis during drug therapy; and either
 - (ii) the improvement of psoriasis within two months of discontinuing or tapering drug therapy; or
 - (iii) the worsening of psoriasis on rechallenge with the same drug;
 where treatment with the drug continued for at least the seven days before the clinical worsening of psoriasis; or
- (g) having a laboratory confirmed *Streptococcus pyogenes* infection of the pharynx, tonsils or skin within the one month before the clinical worsening of psoriasis; or
- (h) being infected with human immunodeficiency virus before the clinical worsening of psoriasis; or
- (i) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of psoriasis, and where smoking has ceased, the clinical worsening of psoriasis has occurred within twenty years of cessation; or
- (j) being overweight for at least five years before the clinical worsening of psoriasis; or
- (k) inability to obtain appropriate clinical management for psoriasis.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(c) to 6(k) apply only to material contribution to, or aggravation of, psoriasis where the person's psoriasis 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 or a drug from a class of drugs in the specified list" means:

- (a) angiotensin-converting enzyme inhibitors;
- (b) beta-blockers;
- (c) interferons;
- (d) lithium;
- (e) synthetic antimalarial drugs (e.g., quinacrine, hydroxychloroquine, chloroquine, primaquine, mefloquine);
- (f) tetracyclines; or
- (g) tumour necrosis factor alpha antagonists;

"being overweight" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 25 or greater.

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

W is the person's weight in kilograms and

H is the person's height in metres;

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

"high potency topical glucocorticoids" means:

- (a) betamethasone dipropionate 0.05%;
- (b) betamethasone valerate 0.1%;
- (c) clobetasol propionate 0.05%;
- (d) diflucortolone valerate 0.1%;
- (e) fluocinolone acetonide 0.025%; or
- (f) another topical glucocorticoid of equivalent potency;

"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;

"impetigo herpetiformis" means a pustular skin condition of pregnancy, characterised by the presence of widespread tiny superficial pustules in a herpetiform pattern on erythematous squamous plaques, and often associated with constitutional symptoms;

"relevant service" means:

- "terminal event"** means the proximate or ultimate cause of death and includes:

- ## Application

- Date of effect**

- Dated this *twentieth* day of *April* 2012

KEN DONALD
CHAIRPERSON