Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

DERMATOMYOSITIS

No. 9 of 2014

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 dermatomyositis No. 9 of 2014.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):

(a) revokes Instrument No. 51 of 2005 concerning dermatomyositis; and

(b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about **dermatomyositis** and **death from dermatomyositis**.

(b) For the purposes of this Statement of Principles, **"dermatomyositis"** means a chronic inflammatory disease usually characterised by progressive and symmetric skeletal muscle weakness occurring in association with, or following, characteristic inflammatory skin changes. This definition includes amyopathic dermatomyositis.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **dermatomyositis** and **death from**

dermatomyositis 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 *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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **dermatomyositis** or **death from dermatomyositis** with the circumstances of a person's relevant service is:

(a) being treated with a drug of the statin class for a continuous period of at least the two months before the clinical onset of dermatomyositis; or

(b) being treated with D-penicillamine for a continuous period of at least the six weeks before the clinical onset of dermatomyositis; or

(c) for amyopathic dermatomyositis only, being treated with hydroxyurea for a continuous period of at least the six months before the clinical onset of dermatomyositis; or

(d) being treated with a drug which is associated in the individual with:

(i) the development of dermatomyositis during drug therapy; and either

(ii) the improvement of dermatomyositis within two months of discontinuing or tapering drug therapy; or

(iii) the redevelopment of dermatomyositis on rechallenge with the same drug;

where treatment with the drug continued for at least the one month before the clinical onset of dermatomyositis; or

(e) having a malignant neoplasm, other than non-melanotic malignant neoplasm of the skin, within five years of the clinical onset of dermatomyositis; or

(f) having a specified viral infection within the three months before the clinical onset of dermatomyositis; or

(g) being treated with a drug of the statin class for a continuous period of at least the two months before the clinical worsening of dermatomyositis; or

(h) being treated with D-penicillamine for a continuous period of at least the six weeks before the clinical worsening of dermatomyositis; or

(i) for amyopathic dermatomyositis only, being treated with hydroxyurea for a continuous period of at least the six months before the clinical worsening of dermatomyositis; or

(j) being treated with a drug which is associated in the individual with:

(i) the worsening of dermatomyositis during drug therapy; and either

(ii) the improvement of dermatomyositis within two months of discontinuing or tapering drug therapy; or

(iii) the worsening of dermatomyositis on rechallenge with the same drug;

where treatment with the drug continued for at least the one month before the clinical worsening of dermatomyositis; or

(k) having a specified viral infection within the three months before the clinical worsening of dermatomyositis; or

(l) inability to obtain appropriate clinical management for dermatomyositis.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(g) to 6(l)** apply only to material contribution to, or aggravation of, dermatomyositis where the person's dermatomyositis 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 specified viral infection" means:

(a) a coxsackie B virus infection;
(b) an echovirus infection;
(c) human immunodeficiency virus infection;
(d) human T-cell lymphotropic virus type-1 infection; or
(e) parvovirus B19 infection;

"amyopathic dermatomyositis" (also known as dermatomyositis sine myositis), means a variant of dermatomyositis that is characterised by the typical skin rash but without the muscle abnormalities;

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

"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;

"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.

Application

10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 15 January 2014.

Dated this *nineteenth* day of *December* 2013

The Common Seal of the)
Repatriation Medical Authority)
was affixed at the direction of:)

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON