



**Australian Government**  
**Department of Veterans' Affairs**

**Compensation & Income Support Policy Branch**

# SOP Bulletin No. 198

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**THE FOLLOWING RMA SOPS TAKE EFFECT ON 18 SEPTEMBER, 2017**

<b>New SOPs</b>	<b>Tooth wear Popliteal entrapment syndrome Benign paroxysmal positional vertigo</b>
<b>Revocations &amp; Replacements</b>	<b>Influenza Malaria Alcohol use disorder Rheumatoid arthritis</b>
<b>Amendments</b>	<b>Cumulative equivalent dose amendment (applies to 122 SOPs covering 65 conditions)</b>

### NOTEWORTHY FEATURES

<b>Tooth wear</b>	<b>New – 52 &amp; 53 of 2017</b>
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- This new SOP covers three types of tooth wear: dental abrasion; dental attrition; and dental erosion. Diagnosis requires clinical manifestations in the form of either tooth

pain/sensitivity or impairment of tooth function, together with objective confirmation of sufficient severity by a dental clinician using a tooth wear evaluation system.

- There are factors that are specific to each type of tooth wear, including a factor for bruxism, that applies for dental attrition only.

### **Popliteal entrapment syndrome**

**New – 54 & 55 of 2017**

- This condition is uncommon in the general population, but around 60% of cases occur in physically active males under 30. It involves obstruction to blood flow in the popliteal artery at the back of the knee (popliteal fossa) and manifests as exercise-induced lower leg pain. There may also be involvement of the popliteal vein or tibial nerve. It may arise due to a developmental defect and/or muscle enlargement due to exercise.
- There are SOP factors concerning overuse, as well as trauma or disease involving the popliteal fossa.

### **Benign paroxysmal positional vertigo**

**New – 56 & 57 of 2017**

- This new SOP covers an inner ear disorder that manifests as recurrent brief periods of dizziness or a spinning sensation. Episodes are brought on by head movements. The condition is generally attributed to calcium debris within the semicircular canal of the ear.
- The SOP has a range of factors, including trauma, surgery and diseases that can affect the inner ear.

### **Influenza**

**Revocation – 44 & 45 of 2017**

Replaces 58 and 59 of 2009

- There are new factors and definitions that specifically address avian influenza and swine influenza (in humans).
- There are further new factors for inability to be vaccinated for influenza and for medical conditions that predispose to severe influenza.

**Malaria****Revocation – 46 & 47 of 2017**

Replaces 60 and 61 of 2009

- There are new onset factors for being in an immunocompromised state and for pregnancy (previously both worsening factors only).
- There is a new worsening factor, for *P. vivax* or *P. ovale* malaria only, for having another systemic infectious disease.

**Alcohol use disorder****Revocation – 48 & 49 of 2017**

Replaces 1 and 2 of 2009

- The previous factor for a significant medical illness or injury has been removed, but is partially replaced by new factors, as below.
- There are new factors for a category 2 stressor (which can be related to having a medical illness), persistent pain, and Roux-en-Y gastric bypass surgery.

**Rheumatoid arthritis****Revocation – 50 & 51 of 2017**

Replaces 68 and 69 of 2008

- The definition has been recast but the coverage of the SOP is unchanged.
- The smoking factor now applies to all rheumatoid arthritis (previously seropositive disease only). Doses and cessation periods are now the same in the RH and BOP SOPs.
- There are new factors concerning: periodontitis, obesity, beverages containing high-fructose corn syrup (used in drinks in the US, but not those made in Australia), and vitamin D deficiency. The latter two are RH only factors.

**Cumulative equivalent dose definition****Amendment – 58 of 2017**

Amends 122 SOPs covering 65 conditions

- This is the first instrument of this type issued by the RMA. The instrument amends the definition of cumulative equivalent dose in all those SOPs that have a factor for a dose of ionising radiation.

- The amended definition now requires that where a cumulative dose of ionising radiation needs to be calculated:
  - It is to be done in accordance with methodology set out in a guide that has been prepared by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). The guide is available on the RMA internet site.
  - The dose is to be calculated as an average over the mass of the relevant tissue or organ.
- Compensation & Income Support Policy Branch is developing a policy response to these changes that will assist delegates in applying this new definition. Further information will be provided when available.

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