



Australian Government
Department of Veterans' Affairs

Rehabilitation & Entitlements Policy Group

SOP Bulletin No. 187

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THE FOLLOWING RMA SOPs ARE TO TAKE EFFECT ON 25 JANUARY, 2016

New SOPs	Nil
Revocations & Replacements	Ischaemic heart disease Peritoneal adhesions External bruise
Amendments	Nil

NOTEWORTHY FEATURES

Ischaemic heart disease

Revocation - 1 & 2 of '16

Replaces 89 and 90 of '07, as amended

- There have been substantial changes to these SOPs, with alterations and reorganisations of existing factors and the addition of a number of new factors.
- Previously separate waist-hip ratio factors are now incorporated in the definition for being obese.
- There are changes to tobacco factors, with:
 - Lower minimum dose requirements for active smoking;
 - Separate factors for where exposure has ceased / not ceased, for both passive smoking exposure and use of chewing tobacco;
 - A new definition for exposure to second hand smoke.
- In the factor relating to explosives/nitroglycerine, Otto fuel (used in torpedos) has been added.
- The previous factor for depression now covers a list of mental health disorders, some of which have been moved from a subfactor (see below) to this general factor.
- The hypercoagulable state factor now covers a wider range of conditions.
- There are new factors for:
 - Being sedentary;
 - A dose of ionising radiation;
 - A new list of specified therapeutic drugs;
 - Orchiectomy and antiandrogen therapy (usually for prostate cancer);
 - Chronic exposure to air pollution;
 - Diet - low intake of fruit and vegetables, or fish;
 - Binge drinking;
 - Sleep apnoea;
 - Inability to sleep;
 - Night shift work, long hours of work (both RH only);
 - HIV infection;
 - Periodontitis;
 - Infectious endocarditis, coronary artery syphilis, prior catheterisation of coronary arteries;
 - Autoimmune collagen vascular disease;
 - Gout and hyperuricaemia
- Sub factors previously relating only to sudden onset/worsening of IHD, in the form of (one or all of) angina, acute myocardial infarct or sudden death from IHD, have been changed, with:

- Angina now not included for any factors concerning clinical worsening;
- Previous factors for anxiety spectrum disorders now applying for IHD generally;
- Factors for illicit drugs, that used to apply generally for IHD, are now restricted to these subtypes;
- New subfactors for:
 - Acute severe emotional stressors;
 - Exposure to highly polluted air;
 - Envenomation;
 - Acute hypersensitivity reactions;
 - Influenza and lower respiratory tract infections;
 - Pregnancy.

Peritoneal adhesions	Revocation - 3 & 4 of '16 Replaces 103 and 104 of '07
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- The general time frame between a factor and onset has been reduced from "at least seven days" before onset to "at least 2 days" before onset. The exception is the ionising radiation factors where the time frame has been increased from seven days to four weeks.
- Previously separate factors for causes of intra-abdominal inflammation, endometriosis and pelvic inflammatory disease have been rolled into one factor for specified inflammatory diseases.
- The blunt trauma factor has been combined with the penetrating trauma factor and now stipulates "major blunt trauma" (which is defined).
- There is a new factor for ionising radiation, in addition to the previous therapeutic radiation factor.

External bruise	Revocation - 5 & 6 of '16 Replaces 109 and 110 of '07
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- The RH SOP factor for trauma now matches the BOP SOP factor, requiring the bruise to manifest within 24 hrs of a trauma (previously 72 hrs in RH SOP).

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