



Australian Government
Department of Veterans' Affairs

Eligibility and Payments Policy Branch

SOP Bulletin No. 209

8 July 2019

THE FOLLOWING RMA SOPS TAKE EFFECT ON 22 JULY, 2019

New SOPs	Nil
Revocations & Replacements	Schistosomiasis Strongyloidiasis Irritable bowel syndrome Subarachnoid haemorrhage Renal stone disease
Amendments	Aortic aneurysm Osteoarthritis Morbid obesity

NOTEWORTHY FEATURES

Schistosomiasis	Revocation – 61 & 62 of 2019 Replaces 86 & 87 of 2010
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- Notes have been added to the definition, concerning clinical presentations.
- A new RH and BOP onset factor has been added for having a solid organ transplant (with an infected organ).

Strongyloidiasis**Revocation – 63 & 64 of 2019**

Replaces 88 & 89 of 2010

- Notes have been added to the definition, covering duration of infection and clinical manifestations.
- A new RH and BOP worsening factor has been added for alcohol use disorder.

Irritable bowel syndrome**Revocation – 65 & 66 of 2019**

Replaces 27 & 28 of 2010

- The definition has been changed, with removal of the requirement for normal findings from laboratory tests and on sigmoidoscopy or colonoscopy.
 - Minor abnormal findings that would not account for the symptoms will now not preclude the application of the SOP.
 - In practice, for the diagnosis to be made, there will still be a need for appropriate investigations to be undertaken (for the individual circumstances), to exclude possible organic causes for the presenting symptoms (such as diverticular disease, cancer or inflammatory bowel disease).
- For the factor and definition covering prior mental health disorders (previously “a specified psychiatric condition”) a number of new conditions have been added to the list.
- There are new RH only onset and worsening factors for category 1A, 1B and 2 stressors and for living or working in a hostile or life-threatening environment. There are new RH and BOP onset only factors for experiencing severe childhood abuse.

Subarachnoid haemorrhage**Revocation – 67 & 68 of 2019**

Replaces 67 & 68 of 2010

- There is now a combined factor for antithrombotic therapy, covering previously separate factors for anticoagulant therapy and thrombolytic therapy, and also covering aspirin when it is used for that purpose. A separate aspirin factor has also been retained, covering aspirin when used for other purposes.
- The previous cerebral trauma factor has been amended and now covers concussion or moderate to severe traumatic brain injury.

- For the specified drugs factor heroin and cannabis have been added to the list, in the RH SOP only.
- New RH only onset factors have been added for: undergoing childbirth or being within six weeks postpartum; cerebral therapeutic radiation; and, menopause.
- Factors for intracranial artery dissection and ceasing statins have been removed.

Renal stone disease

Revocation – 69 & 70 of 2019

Replaces 65 & 66 of 2010

- There have been extensive changes to and reorganisation of factors in this SOP, with:
 - combining of previously separate factors covering specified gastrointestinal diseases, surgical procedures and systemic diseases;
 - reorganisation of and additions to the specified list of drugs factor, including Vitamin D supplements now being covered by a standalone factor;
 - New factors for post-surgical hypoparathyroidism and haematological disease as specified;
 - Extensions to previous factors, with new coverage for hyperuricaemia, distal renal tubular acidosis, being overweight, type 1 diabetes, coeliac sprue, blind loop syndrome and bariatric (weight loss) procedures.
- The previous factor covering a dehydrating environment and inadequate fluid intake has been split into two separate factors.
- Anorexia nervosa has been added to the BOP SOP.
- Factor have been removed for hyperthyroidism, ethylene glycol and diethylene glycol.

Aortic aneurysm

Amendment – 71 & 72 of 2019

Amends 9 & 12 of 2012

- The changes are to the second hand smoke (passive smoking) factors. The factors now take the same format as used in the ischaemic heart disease SOP. There are three options covering current, recent and older exposure (relative to the time of clinical onset).

Osteoarthritis**Amendment – 73 & 74 of 2019**

Amends 61 & 62 of 2017

- The change is to the definition, with removal of the requirement to have imaging or arthroscopic evidence of osteophytes or articular cartilage loss in order to apply the SOP. Osteophytes or articular cartilage loss still need to be present for the diagnosis to be made and for the SOP to be applied, but this can now be assessed clinically in suitable cases.
- Generally osteoarthritis (OA) can be assessed clinically in people aged 45 years or older, with OA of the knee, hip, hands or feet, who present with typical features (activity-related pain, short duration morning stiffness, bony enlargement, symptoms affecting one or a few joints) . Imaging (X-ray, CT scan etc.) will still typically be required to confirm an OA diagnosis in younger people and for OA in other joints.

Morbid obesity**Amendment – 75 & 76 of 2019**

Amends 5 & 6 of 2014

- The definition has been changed, with removal of the word “current”. This means that the SOP can be applied to someone who has been morbidly obese in the past (BMI \geq 40) but is not at the time of the claim.

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