Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Acne

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 January 2025;
- A pre-deployment medical and pathology by the medical officer, dated 14 January 2010;
- A deployed health record (latent tuberculosis) by the medical officer, Afghanistan, dated 5 March 2010;
- A deployed health record (asthma exacerbation) by the medical officer, Afghanistan, dated 22 March 2010;
- A psychology consultation by the psychologist, Afghanistan, dated 20 April 2010;
- A deployed health record (acne) by the medical officer, Afghanistan, dated 12 May 2010;
- A deployed health record (severe acne) by the medical officer, Afghanistan, dated 16 August 2010;
- A dermatology consultation by the dermatologist, dated 18 November 2010;
- A dermatology review by the dermatologist, dated 7 September 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

17 March 2008 and 29 April 2016

Acne

You have stated that your condition was caused by:

- *having occlusion of, and friction or pressure on, the affected skin from body armour, load-carrying equipment, packs or other protective equipment for an average of at least 6 hours per day for at least the 4 weeks before the clinical onset of acne*
- *being in a hot environment with heavy sweating under occlusive clothing for an average of at least 4 hours per day for at least the 4 weeks before the clinical onset of acne*
- *being unable to wash or shower the affected skin for at least 7 consecutive days while wearing occlusive clothing or equipment, within the 3 months before the clinical onset of acne*
- *taking a systemic corticosteroid for at least 2 weeks within the 3 months before the clinical onset of acne*
- *taking a drug which is associated with the development of acne, including isoniazid, lithium, phenytoin, androgens or anabolic steroids, for at least the 4 weeks before the clinical onset of acne*
- *consuming a diet with a high glycaemic load as the main source of nutrition for at least the 3 months before the clinical onset of acne*
- *experiencing a category 1A or 1B stressor, or severe psychological stress, within the 3 months before the clinical onset of acne*

Diagnosis: Acne

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 January 2025, and is supported by a deployed health record (acne) by the medical officer, Afghanistan, dated 12 May 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having occlusion of, and friction or pressure on, the affected skin from body armour, load-carrying equipment, packs or other protective equipment for an average of at least 6 hours per day for at least the 4 weeks before the clinical onset of acne*
- *being in a hot environment with heavy sweating under occlusive clothing for an average of at least 4 hours per day for at least the 4 weeks before the clinical onset of acne*
- *being unable to wash or shower the affected skin for at least 7 consecutive days while wearing occlusive clothing or equipment, within the 3 months before the clinical onset of acne*
- *taking a systemic corticosteroid for at least 2 weeks within the 3 months before the clinical onset of acne*

- *taking a drug which is associated with the development of acne, including isoniazid, lithium, phenytoin, androgens or anabolic steroids, for at least the 4 weeks before the clinical onset of acne*
- *consuming a diet with a high glycaemic load as the main source of nutrition for at least the 3 months before the clinical onset of acne*
- *experiencing a category 1A or 1B stressor, or severe psychological stress, within the 3 months before the clinical onset of acne*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with tender red spots, pustules and blackheads on your upper back, shoulders and chest, painful under the armour straps and pack and worse with sweating on 12 May 2010.

The diagnosis was made clinically on 12 May 2010 by a medical officer, who recorded open and closed comedones with about 40 inflammatory papules and 15 pustules confined to the upper back, shoulders and chest in the distribution of body armour and pack contact. Comedones distinguish acne vulgaris from folliculitis, and the distribution confirmed a mechanical component.

This has then led to further investigations and the diagnosis of your condition of *Acne*. I have accepted your condition of *Acne*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 10 May 2010.

Acne (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 January 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 January 2025;
- A pre-deployment medical and pathology by the medical officer, dated 14 January 2010;
- A deployed health record (latent tuberculosis) by the medical officer, Afghanistan, dated 5 March 2010;
- A deployed health record (asthma exacerbation) by the medical officer, Afghanistan, dated 22 March 2010;
- A psychology consultation by the psychologist, Afghanistan, dated 20 April 2010;
- A deployed health record (acne) by the medical officer, Afghanistan, dated 12 May 2010;
- A deployed health record (severe acne) by the medical officer, Afghanistan, dated 16 August 2010;
- A dermatology consultation by the dermatologist, dated 18 November 2010;
- A dermatology review by the dermatologist, dated 7 September 2012.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

17 March 2008 and 29 April 2016

Acne (Worsening)

You have stated that the worsening of your condition was caused by:

- *having occlusion of, and friction or pressure on, the affected skin from body armour, load-carrying equipment, packs or other protective equipment for an average of at least 6 hours per day for at least the 4 weeks before the clinical worsening of acne*
- *being in a hot environment with heavy sweating under occlusive clothing for an average of at least 4 hours per day for at least the 4 weeks before the clinical worsening of acne*
- *taking a drug which is associated with the development of acne, including isoniazid, lithium, phenytoin, androgens or anabolic steroids, at the time of the clinical worsening of*

acne

- *inability to obtain appropriate clinical management for acne*

Diagnosis: Acne (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 January 2025, and is supported by a deployed health record (acne) by the medical officer, Afghanistan, dated 12 May 2010.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having occlusion of, and friction or pressure on, the affected skin from body armour, load-carrying equipment, packs or other protective equipment for an average of at least 6 hours per day for at least the 4 weeks before the clinical worsening of acne*
- *being in a hot environment with heavy sweating under occlusive clothing for an average of at least 4 hours per day for at least the 4 weeks before the clinical worsening of acne*
- *taking a drug which is associated with the development of acne, including isoniazid, lithium, phenytoin, androgens or anabolic steroids, at the time of the clinical worsening of acne*
- *inability to obtain appropriate clinical management for acne*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with tender red spots, pustules and blackheads on your upper back, shoulders and chest, painful under the armour straps and pack and worse with sweating on 12 May 2010.

The diagnosis was made clinically on 12 May 2010 by a medical officer, who recorded open and closed comedones with about 40 inflammatory papules and 15 pustules confined to the upper back, shoulders and chest in the distribution of body armour and pack contact. Comedones distinguish acne vulgaris from folliculitis, and the distribution confirmed a mechanical component.

After the condition arose, it was worsened during your service. Despite the diagnosis you continued to wear armour, vest and pack for 8 to 12 hours a day on patrol, because there was no alternative duty, throughout the 4 weeks before the worsening, from 19 July 2010 to 16 August 2010, on warlike service. Daytime temperatures at the airfield were 40 to 45 degrees in July and

August 2010, and you sweated under armour for at least six hours a day throughout the 4 weeks before the worsening on 16 August 2010. You were still taking isoniazid 300 mg daily for latent tuberculosis at the worsening on 16 August 2010, and it could not be stopped before the nine-month course was complete. On deployment no dermatologist was available, oral isotretinoin could not be started because the required blood monitoring was not available in theatre, and doxycycline was withheld because of drug interactions with your tuberculosis treatment plan.

This has then led to further investigations and the diagnosis of your condition of *Acne (Worsening)*. I have accepted your condition of *Acne (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 16 August 2010.

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