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.

Gastro - Oesophageal Reflux Disease (GORD)

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 5 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 May 2025;
- An outpatient health record by the medical officer, Afghanistan, dated 14 November 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 22 February 2011;
- A rheumatology consultation by the rheumatologist, dated 14 March 2012;
- A periodic health assessment by the medical officer, Garrison health centre, dated 8 May 2012;
- An operation report by the bariatric surgeon, dated 15 April 2013;
- A surgical review by the bariatric surgeon, dated 10 July 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 23 September 2013;
- A gastroscopy report by the gastroenterologist, dated 30 September 2013;
- A psychiatric review by the consultant psychiatrist, dated 19 October 2015;
- An operation report by the general surgeon, dated 28 November 2015;
- A gastroscopy report by the gastroenterologist, dated 24 March 2016;
- An ambulatory pH study report by the gastroenterologist, dated 6 June 2016.

Your service

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

7 February 2005 and 18 December 2020

Gastro - Oesophageal Reflux Disease (GORD)

You have stated that your condition was caused by:

- *having a hiatus hernia at the time of the clinical onset of gastro-oesophageal reflux disease*
- *being overweight or obese at the time of the clinical onset of gastro-oesophageal reflux disease*
- *having smoked tobacco products: (a) in an amount of at least 3 pack-years before the clinical onset of gastro-oesophageal reflux disease; and (b) commencing at least 5 years before the clinical onset of gastro-oesophageal reflux disease; and if smoking has ceased before the clinical onset of gastro-oesophageal reflux disease, then that onset occurred within 1 year of cessation*
- *consuming an average of at least 500 grams of alcohol per week for at least the 1 year before the clinical onset of gastro-oesophageal reflux disease*
- *undergoing surgery to the region of the oesophageal hiatus or surgery involving the fundus or body of the stomach, within the 6 months before the clinical onset of gastro-oesophageal reflux disease*
- *taking a drug from the Specified List 1 of drugs at the time of the clinical onset of gastro-oesophageal reflux disease*
- *having a disease from the specified list of diseases at the time of the clinical onset of gastro-oesophageal reflux disease*
- *being pregnant at the time of the clinical onset of gastro-oesophageal reflux disease*

Diagnosis: Oesophageal Reflux Disease (GORD)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 May 2025, and is supported by a gastroscopy report by the gastroenterologist, dated 30 September 2013.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Gastro-Oesophageal Reflux Disease (Balance of Probabilities) (No. 62 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having a hiatus hernia at the time of the clinical onset of gastro-oesophageal reflux disease*
- *being overweight or obese at the time of the clinical onset of gastro-oesophageal reflux disease*
- *having smoked tobacco products: (a) in an amount of at least 3 pack-years before the clinical onset of gastro-oesophageal reflux disease; and (b) commencing at least 5 years*

before the clinical onset of gastro-oesophageal reflux disease; and if smoking has ceased before the clinical onset of gastro-oesophageal reflux disease, then that onset occurred within 1 year of cessation

- *consuming an average of at least 500 grams of alcohol per week for at least the 1 year before the clinical onset of gastro-oesophageal reflux disease*
- *undergoing surgery to the region of the oesophageal hiatus or surgery involving the fundus or body of the stomach, within the 6 months before the clinical onset of gastro-oesophageal reflux disease*
- *taking a drug from the Specified List 1 of drugs at the time of the clinical onset of gastro-oesophageal reflux disease*
- *having a disease from the specified list of diseases at the time of the clinical onset of gastro-oesophageal reflux disease*
- *being pregnant at the time of the clinical onset of gastro-oesophageal reflux disease*

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 daily burning retrosternal pain after meals and when lying down, acid regurgitation into the mouth, a sour taste, nocturnal cough and hoarseness after band rehearsals on 23 September 2013.

The diagnosis was confirmed on gastroscopy on 30 September 2013, which showed Los Angeles grade B reflux oesophagitis with a 3 cm hiatus hernia, in a patient with typical heartburn and regurgitation. This meets the Statement of Principles definition of gastro-oesophageal reflux disease.

This has then led to further investigations and the diagnosis of your condition of *Oesophageal Reflux Disease (GORD)*. I have accepted your condition of *Oesophageal Reflux Disease (GORD)*.

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

I have therefore accepted that this condition is related to your service with effect from 20 September 2013.

Gastro - Oesophageal Reflux Disease (GORD) (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 5 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 5 May 2025;
- An outpatient health record by the medical officer, Afghanistan, dated 14 November 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 22 February 2011;
- A rheumatology consultation by the rheumatologist, dated 14 March 2012;
- A periodic health assessment by the medical officer, Garrison health centre, dated 8 May 2012;
- An operation report by the bariatric surgeon, dated 15 April 2013;
- A surgical review by the bariatric surgeon, dated 10 July 2013;
- An outpatient health record by the medical officer, Garrison health centre, dated 23 September 2013;
- A gastroscopy report by the gastroenterologist, dated 30 September 2013;
- A psychiatric review by the consultant psychiatrist, dated 19 October 2015;
- An operation report by the general surgeon, dated 28 November 2015;
- A gastroscopy report by the gastroenterologist, dated 24 March 2016;
- An ambulatory pH study report by the gastroenterologist, dated 6 June 2016.

Your service

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

7 February 2005 and 18 December 2020

Gastro - Oesophageal Reflux Disease (GORD) (Worsening)

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

- *having a hiatus hernia at the time of the clinical worsening of gastro-oesophageal reflux disease*

- *being overweight or obese at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *having smoked tobacco products: (a) in an amount of at least 3 pack-years before the clinical worsening of gastro-oesophageal reflux disease; and (b) commencing at least 5 years before the clinical worsening of gastro-oesophageal reflux disease; and if smoking has ceased before the clinical worsening of gastro-oesophageal reflux disease, then that worsening occurred within 1 year of cessation*
- *consuming an average of at least 500 grams of alcohol per week for at least the 1 year before the clinical worsening of gastro-oesophageal reflux disease*
- *undergoing surgery to the region of the oesophageal hiatus or surgery involving the fundus or body of the stomach, within the 6 months before the clinical worsening of gastro-oesophageal reflux disease*
- *taking a drug from the Specified List 1 of drugs at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *having a disease from the specified list of diseases at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *being pregnant at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *having a disorder of mental health from the specified list of disorders of mental health at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *taking orally a drug from the Specified List 2 of drugs at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *taking orally a drug which is associated in the individual with the clinical worsening of gastro-oesophageal reflux disease during drug therapy and either: (a) the improvement of gastro-oesophageal reflux disease within 3 months of discontinuing or tapering drug therapy; or (b) the clinical worsening of gastro-oesophageal reflux disease on rechallenge with the same drug; and where the drug was being taken at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *inability to obtain appropriate clinical management for gastro-oesophageal reflux disease*

Diagnosis: Oesophageal Reflux Disease (GORD) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 5 May 2025, and is supported by a gastroscopy report by the gastroenterologist, dated 30 September 2013.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Gastro-Oesophageal Reflux Disease (Balance of Probabilities) (No. 62 of 2021)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having a hiatus hernia at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *being overweight or obese at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *having smoked tobacco products: (a) in an amount of at least 3 pack-years before the clinical worsening of gastro-oesophageal reflux disease; and (b) commencing at least 5 years before the clinical worsening of gastro-oesophageal reflux disease; and if smoking has ceased before the clinical worsening of gastro-oesophageal reflux disease, then that worsening occurred within 1 year of cessation*
- *consuming an average of at least 500 grams of alcohol per week for at least the 1 year before the clinical worsening of gastro-oesophageal reflux disease*
- *undergoing surgery to the region of the oesophageal hiatus or surgery involving the fundus or body of the stomach, within the 6 months before the clinical worsening of gastro-oesophageal reflux disease*
- *taking a drug from the Specified List 1 of drugs at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *having a disease from the specified list of diseases at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *being pregnant at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *having a disorder of mental health from the specified list of disorders of mental health at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *taking orally a drug from the Specified List 2 of drugs at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *taking orally a drug which is associated in the individual with the clinical worsening of gastro-oesophageal reflux disease during drug therapy and either: (a) the improvement of gastro-oesophageal reflux disease within 3 months of discontinuing or tapering drug therapy; or (b) the clinical worsening of gastro-oesophageal reflux disease on rechallenge with the same drug; and where the drug was being taken at the time of the clinical worsening of gastro-oesophageal reflux disease*
- *inability to obtain appropriate clinical management for gastro-oesophageal reflux disease*

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 daily burning retrosternal pain after meals and when lying down, acid regurgitation into the mouth, a sour taste, nocturnal cough and hoarseness after band rehearsals on 23 September 2013.

The diagnosis was confirmed on gastroscopy on 30 September 2013, which showed Los Angeles grade B reflux oesophagitis with a 3 cm hiatus hernia, in a patient with typical heartburn and

regurgitation. This meets the Statement of Principles definition of gastro-oesophageal reflux disease.

After the condition arose, it was worsened during your service. Gastroscopy on 24 March 2016 showed the hiatus hernia had enlarged to 5 cm, present at the worsening documented on 24 March 2016. At the worsening on 24 March 2016 you weighed 94 kg, a BMI of 34.1, having regained weight after your first child. You stopped smoking on 10 January 2016 when your second pregnancy was planned, after 13 years of smoking about 15 cigarettes a day (about 10 pack-years). After your first child was born in May 2014 you resumed heavy drinking, averaging about 510 grams of alcohol a week over the year from 24 March 2015 to 24 March 2016, as recorded by your addiction medicine specialist, until your second pregnancy was confirmed on 6 February 2016. On 28 November 2015 you underwent emergency laparoscopic repair of a perforated ulcer of the gastric body with an omental patch, surgery involving the body of the stomach, within the 6 months before the worsening on 24 March 2016. At the worsening you were still taking salbutamol and diazepam, both on Specified List 1. Sjögren syndrome remained active, with reduced salivary flow that impairs oesophageal acid clearance, at the worsening on 24 March 2016. Your second pregnancy was confirmed on 6 February 2016, and you were 12 weeks pregnant at the worsening on 24 March 2016. At the worsening you had posttraumatic stress disorder, diagnosed on 22 February 2011, and a major depressive disorder diagnosed on 19 October 2015, both on the specified list of disorders of mental health and under active psychiatric treatment. From 15 February 2016 you took oral ferrous sulphate 325 mg twice daily for iron deficiency anaemia in pregnancy. The reflux worsened markedly within two weeks of starting oral ferrous sulphate, which you were taking at the worsening on 24 March 2016. After the worsening, gastroenterology review was delayed for ten weeks by the public hospital waiting list because band touring commitments prevented your attending the Defence-arranged appointment, proton pump inhibitor treatment was withheld for the first trimester on obstetric advice, and surgical review of your hiatus hernia could not occur during pregnancy.

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

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 24 March 2016.

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.