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.

Hypercholesterolaemia

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 23 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 July 2025;
- A psychiatric assessment by the consultant psychiatrist, dated 12 March 2008;
- A periodic health examination and fasting lipids by the medical officer, Garrison health centre, dated 22 August 2008;
- An operation report by the orthopaedic surgeon, dated 19 November 2008;
- A renal biopsy report and renal consultation by the renal physician, dated 18 August 2009;
- A dietetic assessment by the dietitian, dated 3 November 2009;
- Thyroid function tests and outpatient record by the medical officer, dated 9 February 2010;
- A fasting lipid profile and outpatient record by the medical officer, Garrison health centre, dated 14 June 2010;
- A specialist consultation by the general physician, dated 28 June 2010;
- A post-deployment health assessment and fasting lipids by the medical officer, dated 15 October 2012;
- A dietetic review by the dietitian, dated 15 October 2012;
- A carotid duplex ultrasound report and lipid clinic letter by the radiologist and lipid specialist, dated 6 May 2016.

Your service

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

6 February 1995 and 19 October 2018

Hypercholesterolaemia

You have stated that your condition was caused by:

- *consuming a diet in which saturated fat provides at least 12 per cent of total energy intake, for at least the 6 months before the clinical onset of hypercholesterolaemia*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of hypercholesterolaemia*
- *having hypothyroidism, untreated or inadequately treated, at the time of the clinical onset of hypercholesterolaemia*
- *having nephrotic syndrome at the time of the clinical onset of hypercholesterolaemia*
- *taking oral glucocorticoids at a dose of at least 7.5 milligrams per day of prednisolone or equivalent, for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *taking ciclosporin or tacrolimus for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *taking a thiazide diuretic for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *using androgenic anabolic steroids for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *taking an atypical antipsychotic drug for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *being physically inactive, undertaking less than 150 minutes of moderate-intensity physical activity per week, for at least the 6 months before the clinical onset of hypercholesterolaemia*
- *having diabetes mellitus at the time of the clinical onset of hypercholesterolaemia*

Diagnosis: Hypercholesterolaemia

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 July 2025, and is supported by a specialist consultation by the general physician, dated 28 June 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:

Balance of Probabilities (reasonable satisfaction) - 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:

- *consuming a diet in which saturated fat provides at least 12 per cent of total energy intake, for at least the 6 months before the clinical onset of hypercholesterolaemia*
- *being obese, with a Body Mass Index of 30 or greater, at the time of the clinical onset of hypercholesterolaemia*
- *having hypothyroidism, untreated or inadequately treated, at the time of the clinical onset of hypercholesterolaemia*
- *having nephrotic syndrome at the time of the clinical onset of hypercholesterolaemia*
- *taking oral glucocorticoids at a dose of at least 7.5 milligrams per day of prednisolone or equivalent, for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *taking ciclosporin or tacrolimus for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *taking a thiazide diuretic for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *using androgenic anabolic steroids for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *taking an atypical antipsychotic drug for at least 1 month within the 3 months before the clinical onset of hypercholesterolaemia*
- *being physically inactive, undertaking less than 150 minutes of moderate-intensity physical activity per week, for at least the 6 months before the clinical onset of hypercholesterolaemia*
- *having diabetes mellitus at the time of the clinical onset of hypercholesterolaemia*

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 markedly raised fasting cholesterol (total cholesterol 8.9 mmol/L, LDL cholesterol 6.4 mmol/L) on fasting lipids on 14 June 2010.

The diagnosis was made on fasting lipid testing on 14 June 2010, which showed a total cholesterol of 8.9 mmol/L and LDL cholesterol of 6.4 mmol/L, and confirmed on repeat testing with an LDL cholesterol of 6.6 mmol/L. A general physician confirmed secondary hypercholesterolaemia on 28 June 2010. A fasting LDL cholesterol above 4.0 mmol/L on two occasions establishes hypercholesterolaemia.

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

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

I have therefore accepted that this condition is related to your service with effect from 14 June 2010.

Hypercholesterolaemia (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 23 July 2025;
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- A dietetic review by the dietitian, dated 15 October 2012;
- A carotid duplex ultrasound report and lipid clinic letter by the radiologist and lipid specialist, dated 6 May 2016.

Your service

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

6 February 1995 and 19 October 2018

Hypercholesterolaemia (Worsening)

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

- *consuming a diet in which saturated fat provides at least 12 per cent of total energy intake, for at least the 6 months before the clinical worsening of hypercholesterolaemia*

- *gaining at least 5 kilograms in body weight within the 12 months before the clinical worsening of hypercholesterolaemia*
- *using androgenic anabolic steroids for at least 1 month within the 3 months before the clinical worsening of hypercholesterolaemia*
- *having hypothyroidism, untreated or inadequately treated, at the time of the clinical worsening of hypercholesterolaemia*
- *inability to obtain appropriate clinical management for hypercholesterolaemia*

Diagnosis: Hypercholesterolaemia (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 July 2025, and is supported by a specialist consultation by the general physician, dated 28 June 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:

Balance of Probabilities (reasonable satisfaction) - 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:

- *consuming a diet in which saturated fat provides at least 12 per cent of total energy intake, for at least the 6 months before the clinical worsening of hypercholesterolaemia*
- *gaining at least 5 kilograms in body weight within the 12 months before the clinical worsening of hypercholesterolaemia*
- *using androgenic anabolic steroids for at least 1 month within the 3 months before the clinical worsening of hypercholesterolaemia*
- *having hypothyroidism, untreated or inadequately treated, at the time of the clinical worsening of hypercholesterolaemia*
- *inability to obtain appropriate clinical management for hypercholesterolaemia*

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 markedly raised fasting cholesterol (total cholesterol 8.9 mmol/L, LDL cholesterol 6.4 mmol/L) on fasting lipids on 14 June 2010.

The diagnosis was made on fasting lipid testing on 14 June 2010, which showed a total cholesterol of 8.9 mmol/L and LDL cholesterol of 6.4 mmol/L, and confirmed on repeat testing with an LDL cholesterol of 6.6 mmol/L. A general physician confirmed secondary hypercholesterolaemia on 28 June 2010. A fasting LDL cholesterol above 4.0 mmol/L on two occasions establishes hypercholesterolaemia.

After the condition arose, it was worsened during your service. From 6 February 2012 to 28 September 2012, during warlike service in Afghanistan, you ran a field kitchen at a forward operating base and ate a diet of fried and processed food, full-cream dairy and ration packs, estimated by the returning dietitian on 15 October 2012 at 18 per cent of energy from saturated fat. You weighed 104 kilograms in November 2011 and 113 kilograms on 15 October 2012 after warlike service in Afghanistan, a gain of 9 kilograms within the 12 months before the worsening. You disclosed that you injected testosterone and trenbolone at the forward operating base from 1 June 2012 to 20 September 2012, during warlike service in Afghanistan. Your levothyroxine supply ran out in July 2012 at the forward operating base and was not replaced for seven weeks. Your atorvastatin 40 mg, which had reduced your LDL cholesterol to 2.9 mmol/L in November 2011, ran out six weeks into your warlike service in Afghanistan and could not be resupplied to the forward operating base, and no lipid monitoring was available in theatre.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 15 October 2012.

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