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.

Hyperlipidaemia

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 30 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 October 2025;
- A renal biopsy report and renal consultation by the renal physician, dated 14 November 2006;
- An outpatient health record and fasting lipids by the medical officer, Naval health centre, dated 19 March 2007;
- A cardiology consultation by the cardiologist, dated 12 September 2007;
- A psychiatric assessment by the consultant psychiatrist, dated 6 November 2007;
- A dermatology consultation and baseline lipids by the dermatologist, dated 7 April 2008;
- A dietetic assessment by the dietitian, dated 2 June 2008;
- A fasting lipid profile and outpatient record by the medical officer, Garrison health centre, dated 18 August 2008;
- A specialist consultation by the general physician, dated 10 September 2008;
- A ship's medical record and aeromedical evacuation record by the medical officer, dated 22 November 2010;
- A hospital admission by the CT abdomen and pathology, Physician and radiologist, dated 22 November 2010;
- A lipid clinic letter by the lipid specialist, dated 14 February 2011.

Your service

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

20 January 1992 and 11 November 2015

Hyperlipidaemia

You have stated that your condition was caused by:

- *consuming an average of at least 40 grams of alcohol per day for at least the 6 months before the clinical onset of hyperlipidaemia*
- *having a waist circumference exceeding 102 centimetres for males or 88 centimetres for females at the time of the clinical onset of hyperlipidaemia*
- *having diabetes mellitus at the time of the clinical onset of hyperlipidaemia*
- *having chronic kidney disease, with an estimated glomerular filtration rate of less than 60 mL/min/1.73 m2 for at least 3 months, at the time of the clinical onset of hyperlipidaemia*
- *consuming a diet high in refined carbohydrate and saturated fat, providing at least 50 per cent of energy from refined carbohydrate and sugar or at least 12 per cent of energy from saturated fat, for at least the 6 months before the clinical onset of hyperlipidaemia*
- *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 hyperlipidaemia*
- *smoking at least 10 cigarettes per day for at least the 1 year before the clinical onset of hyperlipidaemia*
- *taking a beta-adrenergic blocking drug for at least 1 month within the 3 months before the clinical onset of hyperlipidaemia*
- *taking isotretinoin for at least 1 month within the 3 months before the clinical onset of hyperlipidaemia*
- *taking an atypical antipsychotic drug for at least 1 month within the 3 months before the clinical onset of hyperlipidaemia*
- *undertaking rotating shift work involving night work, on at least 3 nights per week, for at least 2 years before the clinical onset of hyperlipidaemia*

Diagnosis: Hyperlipidaemia

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 October 2025, and is supported by a specialist consultation by the general physician, dated 10 September 2008.

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 an average of at least 40 grams of alcohol per day for at least the 6 months before the clinical onset of hyperlipidaemia*
- *having a waist circumference exceeding 102 centimetres for males or 88 centimetres for females at the time of the clinical onset of hyperlipidaemia*
- *having diabetes mellitus at the time of the clinical onset of hyperlipidaemia*
- *having chronic kidney disease, with an estimated glomerular filtration rate of less than 60 mL/min/1.73 m2 for at least 3 months, at the time of the clinical onset of hyperlipidaemia*
- *consuming a diet high in refined carbohydrate and saturated fat, providing at least 50 per cent of energy from refined carbohydrate and sugar or at least 12 per cent of energy from saturated fat, for at least the 6 months before the clinical onset of hyperlipidaemia*
- *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 hyperlipidaemia*
- *smoking at least 10 cigarettes per day for at least the 1 year before the clinical onset of hyperlipidaemia*
- *taking a beta-adrenergic blocking drug for at least 1 month within the 3 months before the clinical onset of hyperlipidaemia*
- *taking isotretinoin for at least 1 month within the 3 months before the clinical onset of hyperlipidaemia*
- *taking an atypical antipsychotic drug for at least 1 month within the 3 months before the clinical onset of hyperlipidaemia*
- *undertaking rotating shift work involving night work, on at least 3 nights per week, for at least 2 years before the clinical onset of hyperlipidaemia*

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 raised fasting triglycerides of 5.8 mmol/L and total cholesterol of 7.4 mmol/L on fasting lipids on 18 August 2008.

The diagnosis was made on fasting lipid testing on 18 August 2008, which showed triglycerides of 5.8 mmol/L, total cholesterol of 7.4 mmol/L and HDL cholesterol of 0.7 mmol/L, and confirmed on repeat fasting testing by a general physician on 10 September 2008, with triglycerides of 6.3 mmol/L and non-HDL cholesterol of 6.9 mmol/L. Raised fasting triglycerides and non-HDL cholesterol on two occasions establish mixed hyperlipidaemia.

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

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 18 August 2008.

Hyperlipidaemia (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 30 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 October 2025;
- A renal biopsy report and renal consultation by the renal physician, dated 14 November 2006;
- An outpatient health record and fasting lipids by the medical officer, Naval health centre, dated 19 March 2007;
- A cardiology consultation by the cardiologist, dated 12 September 2007;
- A psychiatric assessment by the consultant psychiatrist, dated 6 November 2007;
- A dermatology consultation and baseline lipids by the dermatologist, dated 7 April 2008;
- A dietetic assessment by the dietitian, dated 2 June 2008;
- A fasting lipid profile and outpatient record by the medical officer, Garrison health centre, dated 18 August 2008;
- A specialist consultation by the general physician, dated 10 September 2008;
- A ship's medical record and aeromedical evacuation record by the medical officer, dated 22 November 2010;
- A hospital admission by the CT abdomen and pathology, Physician and radiologist, dated 22 November 2010;
- A lipid clinic letter by the lipid specialist, dated 14 February 2011.

Your service

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

20 January 1992 and 11 November 2015

Hyperlipidaemia (Worsening)

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

- *consuming a diet high in refined carbohydrate and saturated fat, providing at least 50 per cent of energy from refined carbohydrate and sugar or at least 12 per cent of energy from*

saturated fat, for at least the 3 months before the clinical worsening of hyperlipidaemia

- *gaining at least 5 kilograms in body weight within the 12 months before the clinical worsening of hyperlipidaemia*
- *taking a beta-adrenergic blocking drug or an atypical antipsychotic drug for at least 1 month within the 3 months before the clinical worsening of hyperlipidaemia*
- *having poorly controlled diabetes mellitus, with an HbA1c of at least 8 per cent, at the time of the clinical worsening of hyperlipidaemia*
- *inability to obtain appropriate clinical management for hyperlipidaemia*

Diagnosis: Hyperlipidaemia (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 October 2025, and is supported by a specialist consultation by the general physician, dated 10 September 2008.

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:

- *consuming a diet high in refined carbohydrate and saturated fat, providing at least 50 per cent of energy from refined carbohydrate and sugar or at least 12 per cent of energy from saturated fat, for at least the 3 months before the clinical worsening of hyperlipidaemia*
- *gaining at least 5 kilograms in body weight within the 12 months before the clinical worsening of hyperlipidaemia*
- *taking a beta-adrenergic blocking drug or an atypical antipsychotic drug for at least 1 month within the 3 months before the clinical worsening of hyperlipidaemia*
- *having poorly controlled diabetes mellitus, with an HbA1c of at least 8 per cent, at the time of the clinical worsening of hyperlipidaemia*
- *inability to obtain appropriate clinical management for hyperlipidaemia*

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 raised fasting triglycerides of 5.8 mmol/L and total cholesterol of 7.4 mmol/L on fasting lipids on 18 August 2008.

The diagnosis was made on fasting lipid testing on 18 August 2008, which showed triglycerides of 5.8 mmol/L, total cholesterol of 7.4 mmol/L and HDL cholesterol of 0.7 mmol/L, and confirmed on repeat fasting testing by a general physician on 10 September 2008, with

triglycerides of 6.3 mmol/L and non-HDL cholesterol of 6.9 mmol/L. Raised fasting triglycerides and non-HDL cholesterol on two occasions establish mixed hyperlipidaemia.

After the condition arose, it was worsened during your service. From 3 July 2010, during warlike service in the Middle East aboard a frigate, you ate the ship's fried meals and night rations and drank sugar-sweetened soft drinks from the ship's canteen, with no fresh produce for weeks at a time, an intake estimated by the dietitian after evacuation at 58 per cent of energy from refined carbohydrate and sugar. You weighed 102 kilograms in November 2009 and 109 kilograms on 22 November 2010, a gain of 7 kilograms within the 12 months before the worsening, most of it during warlike service at sea in the Middle East. During warlike service in the Middle East you took metoprolol 50 mg twice daily and quetiapine, increased to 200 mg at night by the ship's medical officer on 10 August 2010 for worsening nightmares, throughout the 3 months before the worsening, from 22 August to 22 November 2010. On admission on 22 November 2010 your HbA1c was 10.1 per cent and blood glucose 19.4 mmol/L. Your fenofibrate and atorvastatin ran out in September 2010 while your frigate was on warlike service in the Middle East, resupply failed at two port visits, and no lipid testing or physician review was available on board.

This has then led to further investigations and the diagnosis of your condition of *Hyperlipidaemia (Worsening)*. I have accepted your condition of *Hyperlipidaemia (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 22 November 2010.

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.