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.

Obesity

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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 July 2025;
- A ship's medical record by the medical officer, dated 14 April 2006;
- An outpatient health record and orthopaedic referral by the medical officer, dated 12 September 2008;
- An operation report (left anterior cruciate ligament reconstruction) by the orthopaedic surgeon, dated 10 November 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 15 July 2009;
- A periodic health examination by the medical officer, dated 20 April 2010;
- A medical review (dietetic assessment and DEXA report) by the medical officer and dietitian, dated 16 May 2011;
- A physician consultation by the DEXA and ultrasound reports, Physician, dated 20 November 2012.

Your service

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

10 June 2003 and 8 November 2019

Obesity

You have stated that your condition was caused by:

- *having a caloric intake that is excessive for energy needs for at least the 2 years before the clinical onset of obesity*
- *having a substantial reduction in physical activity because of an injury or disease for at least the 6 months before the clinical onset of obesity*
- *taking a drug associated with weight gain, including mirtazapine, tricyclic antidepressants, paroxetine, lithium, valproic acid, gabapentin, pregabalin or propranolol, for at least the 6 months before the clinical onset of obesity*
- *taking an antipsychotic drug, excluding aripiprazole and ziprasidone, for at least the 3 months before the clinical onset of obesity*
- *having a clinically significant disorder of mental health, including depressive disorder, posttraumatic stress disorder or an anxiety disorder, for at least the 1 year before the clinical onset of obesity*
- *undertaking night shift work on at least 250 occasions within the 3 years before the clinical onset of obesity*
- *having an average of less than 6 hours of sleep per night for at least the 2 years before the clinical onset of obesity*
- *in a person with a prior history of regular smoking, permanently ceasing to smoke within the 2 years before the clinical onset of obesity*

Diagnosis: Obesity

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 July 2025, and is supported by a medical review (dietetic assessment and DEXA report) by the medical officer and dietitian, dated 16 May 2011.

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:

- *having a caloric intake that is excessive for energy needs for at least the 2 years before the clinical onset of obesity*
- *having a substantial reduction in physical activity because of an injury or disease for at least the 6 months before the clinical onset of obesity*
- *taking a drug associated with weight gain, including mirtazapine, tricyclic antidepressants, paroxetine, lithium, valproic acid, gabapentin, pregabalin or propranolol, for at least the 6 months before the clinical onset of obesity*

- *taking an antipsychotic drug, excluding aripiprazole and ziprasidone, for at least the 3 months before the clinical onset of obesity*
- *having a clinically significant disorder of mental health, including depressive disorder, posttraumatic stress disorder or an anxiety disorder, for at least the 1 year before the clinical onset of obesity*
- *undertaking night shift work on at least 250 occasions within the 3 years before the clinical onset of obesity*
- *having an average of less than 6 hours of sleep per night for at least the 2 years before the clinical onset of obesity*
- *in a person with a prior history of regular smoking, permanently ceasing to smoke within the 2 years before the clinical onset of obesity*

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 progressive weight gain with central abdominal fat, clothes and uniforms no longer fitting, breathlessness on stairs and ladders, and reduced exercise tolerance with left knee pain.After the 2012 worsening you had further weight gain, daytime fatigue, snoring, heartburn and difficulty climbing ship's ladders and passing your fitness assessment, which contributed to your medical discharge on 16 May 2011.

The diagnosis was made on 16 May 2011 from a measured weight of 94 kg and height of 1.76 m, giving a body mass index of 30.4, with a waist circumference of 106 cm and DEXA total body fat of 33 per cent with central distribution. These measurements meet the World Health Organization definition of obesity. The previous measurement on 20 April 2010 was 28.1, confirming new onset in the intervening period.

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

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 1 May 2011.

Obesity (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 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 30 July 2025;
- A ship's medical record by the medical officer, dated 14 April 2006;
- An outpatient health record and orthopaedic referral by the medical officer, dated 12 September 2008;
- An operation report (left anterior cruciate ligament reconstruction) by the orthopaedic surgeon, dated 10 November 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 15 July 2009;
- A periodic health examination by the medical officer, dated 20 April 2010;
- A medical review (dietetic assessment and DEXA report) by the medical officer and dietitian, dated 16 May 2011;
- A physician consultation by the DEXA and ultrasound reports, Physician, dated 20 November 2012.

Your service

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

10 June 2003 and 8 November 2019

Obesity (Worsening)

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

- *having a caloric intake that is excessive for energy needs for at least the 1 year before the clinical worsening of obesity*
- *taking a drug associated with weight gain, including mirtazapine, tricyclic antidepressants, paroxetine, lithium, valproic acid, gabapentin, pregabalin or propranolol, for at least the 6 months before the clinical worsening of obesity*
- *taking an antipsychotic drug, excluding aripiprazole and ziprasidone, for at least the 3 months before the clinical worsening of obesity*

- *having a substantial reduction in physical activity, including because of an injury or disease or confinement aboard ship, for at least the 6 months before the clinical worsening of obesity*
- *having a clinically significant disorder of mental health, including depressive disorder, posttraumatic stress disorder or an anxiety disorder, for at least the 1 year before the clinical worsening of obesity*
- *inability to obtain appropriate clinical management for obesity*

Diagnosis: Obesity (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 30 July 2025, and is supported by a medical review (dietetic assessment and DEXA report) by the medical officer and dietitian, dated 16 May 2011.

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:

- *having a caloric intake that is excessive for energy needs for at least the 1 year before the clinical worsening of obesity*
- *taking a drug associated with weight gain, including mirtazapine, tricyclic antidepressants, paroxetine, lithium, valproic acid, gabapentin, pregabalin or propranolol, for at least the 6 months before the clinical worsening of obesity*
- *taking an antipsychotic drug, excluding aripiprazole and ziprasidone, for at least the 3 months before the clinical worsening of obesity*
- *having a substantial reduction in physical activity, including because of an injury or disease or confinement aboard ship, for at least the 6 months before the clinical worsening of obesity*
- *having a clinically significant disorder of mental health, including depressive disorder, posttraumatic stress disorder or an anxiety disorder, for at least the 1 year before the clinical worsening of obesity*
- *inability to obtain appropriate clinical management for obesity*

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 progressive weight gain with central abdominal fat, clothes and uniforms no longer fitting, breathlessness on stairs and ladders, and reduced exercise

tolerance with left knee pain.After the 2012 worsening you had further weight gain, daytime fatigue, snoring, heartburn and difficulty climbing ship's ladders and passing your fitness assessment, which contributed to your medical discharge on 16 May 2011.

The diagnosis was made on 16 May 2011 from a measured weight of 94 kg and height of 1.76 m, giving a body mass index of 30.4, with a waist circumference of 106 cm and DEXA total body fat of 33 per cent with central distribution. These measurements meet the World Health Organization definition of obesity. The previous measurement on 20 April 2010 was 28.1, confirming new onset in the intervening period.

After the condition arose, it was worsened during your service. Your galley-related caloric excess continued from onset, and on warlike deployment as senior chef from March to September 2012 you worked 14-hour galley days with night baking and irregular meals. Mirtazapine 30 mg at night continued throughout the 6 months before the worsening, from 20 May 2012 to 20 November 2012, including on deployment. Quetiapine 50 mg at night continued throughout the 3 months before the worsening, from 20 August 2012 to 20 November 2012. On warlike service from 3 March 2012 the ship's gym was closed for four months for fire damage repair, deck running was prohibited in the operational area, and your knee prevented running. The depressive disorder remained under psychiatric management throughout the 1 year before the worsening, from 20 November 2011 to 20 November 2012, and worsened on deployment with increased comfort eating, recorded on return. From March to September 2012, on warlike service at sea, your weight management programme lapsed because no dietitian, exercise physiologist or gym was available, and your weight was not monitored.

This has then led to further investigations and the diagnosis of your condition of *Obesity (Worsening)*. I have accepted your condition of *Obesity (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 20 November 2012.

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