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.

Polycystic Ovary Syndrome

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 26 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 May 2025;
- A pre-deployment medical examination by the medical officer, dated Dec 2009;
- A trauma admission and CT head report by Role 3 hospital, Kandahar Airfield, dated 18 May 2010;
- A deployed mental health record by the psychologist, dated 20 June 2010;
- A neurology consultation by the neurologist, dated 6 September 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 14 February 2011;
- A periodic health examination by the medical officer, RAAF base health centre, dated 24 March 2011;
- A pathology report (fasting insulin and glucose) dated 20 June 2011;
- An outpatient health record by the medical officer, dated 12 October 2011;
- A gynaecology consultation and pelvic ultrasound by the gynaecologist, dated 20 December 2011;
- A neurology review by the neurologist, dated Dec 2011;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 15 May 2012;
- A gynaecology review (pelvic ultrasound and pathology) by the gynaecologist, dated 15 October 2012.

Your service

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

12 January 2007 and 14 March 2016

Polycystic Ovary Syndrome

You have stated that your condition was caused by:

- *taking sodium valproate for a continuous period of at least the 6 months before the clinical onset of polycystic ovary syndrome*
- *taking an atypical antipsychotic drug for a continuous period of at least the 3 months before the clinical onset of polycystic ovary syndrome*
- *gaining at least 10 kilograms in body weight within the 2 years before the clinical onset of polycystic ovary syndrome*
- *being obese, with a body mass index of 30 or more, at the time of the clinical onset of polycystic ovary syndrome*
- *having insulin resistance or hyperinsulinaemia at the time of the clinical onset of polycystic ovary syndrome*
- *undertaking night shift work for a cumulative period of at least 6 months within the 2 years before the clinical onset of polycystic ovary syndrome*
- *having posttraumatic stress disorder for at least the 1 year before the clinical onset of polycystic ovary syndrome*

Diagnosis: Polycystic Ovary Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 May 2025, and is supported by a gynaecology consultation and pelvic ultrasound by the gynaecologist, dated 20 December 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:

- *taking sodium valproate for a continuous period of at least the 6 months before the clinical onset of polycystic ovary syndrome*

- *taking an atypical antipsychotic drug for a continuous period of at least the 3 months before the clinical onset of polycystic ovary syndrome*
- *gaining at least 10 kilograms in body weight within the 2 years before the clinical onset of polycystic ovary syndrome*
- *being obese, with a body mass index of 30 or more, at the time of the clinical onset of polycystic ovary syndrome*
- *having insulin resistance or hyperinsulinaemia at the time of the clinical onset of polycystic ovary syndrome*
- *undertaking night shift work for a cumulative period of at least 6 months within the 2 years before the clinical onset of polycystic ovary syndrome*
- *having posttraumatic stress disorder for at least the 1 year before the clinical onset of polycystic ovary syndrome*

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 missed and infrequent periods, new coarse hair on the chin and upper lip, acne along the jaw and continued weight gain on 12 October 2011.

The diagnosis was confirmed by a gynaecologist on 20 December 2011 on the Rotterdam criteria, which require two of the following three features: oligo-ovulation or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology. All three were present: oligomenorrhoea from August 2011, hirsutism with a modified Ferriman-Gallwey score of 10 and raised total testosterone, and more than 20 follicles in each ovary on transvaginal ultrasound.

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

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 15 August 2011.

Polycystic Ovary Syndrome (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 26 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 May 2025;
- A pre-deployment medical examination by the medical officer, dated Dec 2009;
- A trauma admission and CT head report by Role 3 hospital, Kandahar Airfield, dated 18 May 2010;
- A deployed mental health record by the psychologist, dated 20 June 2010;
- A neurology consultation by the neurologist, dated 6 September 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 14 February 2011;
- A periodic health examination by the medical officer, RAAF base health centre, dated 24 March 2011;
- A pathology report (fasting insulin and glucose) dated 20 June 2011;
- An outpatient health record by the medical officer, dated 12 October 2011;
- A gynaecology consultation and pelvic ultrasound by the gynaecologist, dated 20 December 2011;
- A neurology review by the neurologist, dated Dec 2011;
- A deployed health record by the medical officer, Middle East Area of Operations, dated 15 May 2012;
- A gynaecology review (pelvic ultrasound and pathology) by the gynaecologist, dated 15 October 2012.

Your service

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

12 January 2007 and 14 March 2016

Polycystic Ovary Syndrome (Worsening)

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

- *gaining at least 5 kilograms in body weight within the 1 year before the clinical worsening of polycystic ovary syndrome*
- *taking sodium valproate at the time of the clinical worsening of polycystic ovary syndrome*
- *taking an atypical antipsychotic drug at the time of the clinical worsening of polycystic ovary syndrome*
- *inability to obtain appropriate clinical management for polycystic ovary syndrome*

Diagnosis: Polycystic Ovary Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 May 2025, and is supported by a gynaecology consultation and pelvic ultrasound by the gynaecologist, dated 20 December 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:

- *gaining at least 5 kilograms in body weight within the 1 year before the clinical worsening of polycystic ovary syndrome*
- *taking sodium valproate at the time of the clinical worsening of polycystic ovary syndrome*
- *taking an atypical antipsychotic drug at the time of the clinical worsening of polycystic ovary syndrome*
- *inability to obtain appropriate clinical management for polycystic ovary syndrome*

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 missed and infrequent periods, new coarse hair on the chin and upper lip, acne along the jaw and continued weight gain on 12 October 2011.

The diagnosis was confirmed by a gynaecologist on 20 December 2011 on the Rotterdam criteria, which require two of the following three features: oligo-ovulation or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology. All three were present: oligomenorrhoea from August 2011, hirsutism with a modified Ferriman-Gallwey score of 10 and raised total testosterone, and more than 20 follicles in each ovary on transvaginal ultrasound.

After the condition arose, it was worsened during your service. Your weight rose from 85 kg on 12 October 2011 to 94 kg on 15 October 2012, a gain of 9 kg within the 1 year before the

worsening, from 15 October 2011 to 15 October 2012, much of it during night shift work on warlike service in the Middle East. Sodium valproate for your service-related post-traumatic epilepsy was continued at the worsening on 15 October 2012, because the recommended change to levetiracetam in December 2011 was deferred to keep your fit for deployment. Olanzapine 10 mg at night for your service-related posttraumatic stress disorder was continued throughout your 2012 deployment and at the worsening on 15 October 2012. The neurologist's recommendation in December 2011 to replace valproate with levetiracetam was deferred because a change of antiepileptic would have made your unfit to deploy.

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