

Chapter 2

Hypertension and Non-Cardiac Vascular Conditions

This chapter contains three parts:

- Part 2.1 — Hypertension
- Part 2.2 — Vascular Conditions of the Lower Limbs
- Part 2.3 — Other Non-Cardiac Vascular Conditions

INTRODUCTION

This chapter is to be applied in determining impairment ratings for hypertension and non-cardiac vascular conditions. For conditions affecting the heart itself refer to Chapter 1 (Cardiorespiratory Impairment).

PART 2.1: HYPERTENSION

Hypertension, of itself, does not affect effort tolerance. Therefore, uncomplicated hypertension is not to be assessed under Chapter 1 (Cardiorespiratory Impairment) but in the manner set out below.

Calculation of the impairment rating for hypertension

Follow the steps below to calculate the impairment rating for hypertension.

STEP 1	Establish whether any target organ damage is present.	Page 44
STEP 2	<i>(Omit this step if there is no target organ damage.)</i> Calculate the total functional impairment for any accepted target organ damage.	Page 44
STEP 3	Calculate the Other Impairment rating for the accepted hypertension by applying Table 2.1.1.	Page 45
STEP 4	<i>(Omit this step if there is no target organ damage.)</i> Compare the rating obtained in Step 2 with the rating obtained in Step 3. Take the higher of these two ratings.	Page 46

Step 1: Establish whether any target organ damage is present.

For the purposes of this chapter, “target organ damage” means any of the following:

- ◆ hypertensive retinopathy, grade III or IV;
- ◆ hypertensive cardiac disease, with ECG or X-ray evidence of left ventricular hypertrophy;
- ◆ hypertensive nephropathy demonstrated at biopsy, or by presence of proteinuria or elevated serum creatinine level; or
- ◆ hypertensive cerebral haemorrhage.

Certain other conditions have hypertension as a contributing factor in their aetiology (for example: ischaemic heart disease and peripheral vascular disease). Such conditions are not to be regarded as being target organ damage when applying Part 2.1.

Step 2: Calculate the total functional impairment due to any accepted target organ damage.

Accepted hypertensive retinopathy is to be assessed by applying Chapter 8.

If other ophthalmic conditions are present, they must be allowed for by applying Chapter 20 (Apportionment) or Chapter 19 (Partially Contributing Impairment) as appropriate.

Accepted hypertensive cardiac disease is to be assessed by applying Chapter 1.

If other cardiorespiratory conditions are present, they must be allowed for by applying Chapter 20 (Apportionment) or Chapter 19 (Partially Contributing Impairment) as appropriate.

Accepted hypertensive nephropathy is to be assessed by applying Chapter 9.

If other renal conditions are present, they must be allowed for by applying Chapter 20 (Apportionment) or Chapter 19 (Partially Contributing Impairment) as appropriate.

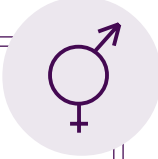
Accepted hypertensive cerebral haemorrhage is to be assessed according to the specific effects of the haemorrhage.

The impairment ratings attributable to the accepted target organ damage are to be combined by applying Chapter 18 (Combined Values Chart) to obtain the total impairment rating for accepted target organ damage.

Target organ damage which is not an accepted condition cannot be assessed under this *Guide*. Target organ damage can be assessed under this *Guide* only after it has been claimed and has become an accepted condition.

The criterion in Table 2.1.1 which refers to “hypertension of such a degree that target organ damage is present” is not an assessment of the target organ damage itself but is a measure of the severity of the hypertension.

Step 3: Determine an impairment rating for hypertension from Table 2.1.1.

Other Impairment Table 2.1.1		HYPERTENSION
Impairment Ratings	Criteria	
NIL	Hypertension adequately controlled by diet and weight loss without long-term medication.	
TWO	Hypertension requiring long-term medication but without side-effects of the medication and with no evidence of target organ damage.	
FIVE	<ul style="list-style-type: none"> • Hypertension with diastolic pressure consistently at or greater than 90 mm Hg despite treatment. • Hypertension: controlled but frequent minor side effects of medication which cause no loss of function. 	
TEN	<ul style="list-style-type: none"> • Hypertension: diastolic pressure consistently greater than 100 mm Hg. • Hypertension of such a degree that target organ damage is present. • Hypertension: controlled but with side effects of medication causing a significant and persistent loss of function. 	
<i>Only one rating is to be selected from this table.</i>		

No age adjustment permitted for this table

For the purpose of determining a rating of 10 impairment points from Table 2.1.1 (dot point 2) target organ damage has to be present *either* as an accepted condition *or* as a non-accepted condition.

Step 4: (Omit this step if there is no target organ damage.) Compare the rating obtained in Step 2 with the rating obtained in Step 3. Take the higher rating.

The total impairment rating for accepted target organ damage is to be compared with any applicable rating from Table 2.1.1, and the higher of the two is to be taken as the impairment rating for the accepted hypertension.

**Substep
4A**

If the impairment rating from Table 2.1.1 is higher than the total rating for accepted target organ damage, the latter rating is to be discarded and its components are not to be used in any further calculations.

**Substep
4B**

If the impairment rating for accepted target organ damage is higher than the rating from Table 2.1.1, the rating from Table 2.1.1 is to be discarded and each of the components of the rating for accepted target organ damage is to be included in the final combining of all impairment ratings.

Impairment ratings from Table 2.1.1 are not routinely compared with ratings from the functional loss tables in Chapter 1 (Cardiorespiratory Impairment) except if hypertensive cardiomyopathy is present. Instead, they are to be compared with the impairment rating for the total loss of function due to target organ damage.

The total impairment rating for target organ damage is not to be combined with the impairment rating obtained from Table 2.1.1.

PART 2.2: VASCULAR CONDITIONS OF THE LOWER LIMBS

Each vascular condition of the lower limbs is characterised as belonging to one or more of three categories. These categories are:

- ◆ (arterial) peripheral vascular disease;
- ◆ varicose veins and vascular leg ulcers; and
- ◆ oedema.

Each category is to be assessed by applying a specific table from this part of the *Guide*. Depending on their effects, vascular conditions of the lower limbs may be rated under one or more of these tables.

Determination of the impairment rating for vascular conditions of the lower limbs

Follow the steps below to determine the impairment rating for each type of accepted vascular condition of the lower limbs.

(Each step is elaborated in the following pages.)

STEP 1	Establish whether any effect on lower limb function is present.	Page 48
STEP 2	Establish whether any effect on the skin is present.	Page 48
STEP 3	<i>(Omit this step if there is no effect on lower limb function.)</i> Determine the impairment rating for the effects on lower limb function.	Page 48
STEP 4	<i>(Omit this step if there is no effect on skin.)</i> Determine the impairment rating for the effects on the skin.	Page 49
STEP 5	Determine the Other Impairment rating for the vascular conditions of the lower limbs by applying Tables 2.2.1, 2.2.2, and 2.2.3.	Page 49
STEP 6	Combine the impairment ratings obtained in Steps 3 and 4.	Page 51

STEP 7	Combine the impairment ratings obtained in Step 5.	Page 51
STEP 8	Compare the impairment ratings obtained in Steps 6 and 7.	Page 51
STEP 9	If the comparison made in Step 8 shows that the impairment rating obtained in Step 6 is greater than the impairment rating obtained in Step 7, then the ratings obtained in Steps 3 and 4 are the final impairment ratings for the vascular condition.	Page 51
STEP 10	If the comparison made in Step 8 shows that the impairment rating obtained in Step 7 is greater than the impairment rating obtained in Step 6, then the separate ratings that have been combined in Step 5 are the final impairment rating(s) for the vascular condition.	Page 51

Step 1: Establish whether any effect on lower limb function is present.

Lower limb function may be affected by peripheral vascular disease. If peripheral vascular disease is present, the veteran's walking distance is likely to be reduced as a result of intermittent claudication (cramplike pain in the calves of the legs).

Step 2: Establish whether any effect on the skin is present.

Varicose veins can affect the skin of the lower limbs. They may cause discolouration or pruritus (itching). Excoriations (scratch marks) may be present.

Step 3: (Omit this step if there is no effect on lower limb function.) Determine the impairment rating for the effects on lower limb function.

Lower Limb Function is to be assessed by applying Chapter 3 (Impairment of Spine And Limbs) — Part 3.2. If other conditions affecting lower limb function are present, they must be allowed for by applying Chapter 20 (Apportionment) or Chapter 19 (Partially Contributing Impairment) as appropriate.

The effects of vascular conditions of the lower limbs on lower limb function are taken to be symptoms or manifestations of the condition. Hence, they are to be assessed as part of the vascular condition of the lower limbs.

Step 4: (Omit this step if there is no effect on the skin.) Determine the impairment rating for the effects on the skin.

Skin conditions are to be assessed by applying Chapter 11 (Skin Impairment). If other conditions affecting the skin are present, they must be allowed for by applying Chapter 20 (Apportionment) or Chapter 19 (Partially Contributing Impairment) as appropriate.

The effects of vascular conditions of the lower limbs on the skin of the lower limbs are taken to be symptoms or manifestations of the condition. Hence, they are to be assessed as part of the vascular condition of the lower limb.

Step 5: Determine the Other Impairment rating for the vascular conditions of the lower limbs by applying Tables 2.2.1, 2.2.2, and 2.2.3.

There are three Other Impairment tables relating to the effects of vascular conditions of the lower limbs. A condition may be rated under more than one table if appropriate. However, only one rating may be taken from each table irrespective of how many conditions contribute to the type of impairment to which that table relates.

The three Other Impairment tables are:

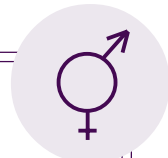
Table 2.2.1 — (Arterial) Peripheral Vascular Disease

Table 2.2.2 — Varicose Veins

Table 2.2.3 — Oedema.

Amputations arising from peripheral vascular disease cannot be assessed unless they have been separately accepted. They can then be assessed under Chapter 3 (Impairment of Spine and Limbs).

**Other
Impairment
Table 2.2.1**



(ARTERIAL) PERIPHERAL VASCULAR DISEASE

Impairment Ratings	Criteria
NIL	No peripheral vascular disease is present.
TWO	Minor peripheral vascular disease or peripheral vascular disease that has been successfully treated.
FIVE	Moderate peripheral vascular disease is present but causes little restriction of activities.
TEN	Severe peripheral vascular disease, the expected effects of which are masked by a non-accepted condition (eg masked by restriction on walking due to a musculo-skeletal disorder).

Irrespective of whether one or two legs are affected, only one rating may be selected from this table.

No age adjustment permitted for this table

Other Impairment Table 2.2.2



VARICOSE VEINS

Impairment Ratings	Criteria
NIL	<ul style="list-style-type: none"> • Varicose veins which are not greatly disfiguring, which cause only trivial symptoms, and which impose no significant restriction on activities. • Superficial, small or transient ulceration.
TWO	Varicose veins which are unsightly or even gross but which impose no significant restriction on activities.
FIVE	Varicose veins, varicose ulcers — causing constant or almost constant symptoms which are not easily tolerated and require medication or therapy.
TEN	Very severe varicose veins or ulceration — difficult to control and requiring periodic confinement or hospital admissions.

Irrespective of whether one or two legs are affected, only one rating may be selected from this table.

No age adjustment Permitted for this table

Other Impairment Table 2.2.3



OEDEMA

Impairment Ratings	Criteria
NIL	Mild or transient oedema.
FIVE	Moderate and persistent oedema.
TEN	Marked oedema, that is only partly controlled by treatment or therapy.

Irrespective of whether one or two legs are affected, only one rating may be selected from this table.

No age adjustment permitted for this table

An impairment rating from this table may be given in addition to an impairment rating from Chapter 1 even when both arise from the same condition (eg, heart failure).

Step 6: Combine the impairment ratings obtained in Steps 3 and 4.

If ratings were obtained both in Step 3 and in Step 4, then the ratings are to be combined. This combining is for the purpose of the comparison to be made in Step 8. If only one rating has been given in Steps 3 and 4, then the result to be obtained in Step 6 is to be the same as the one rating given in either Step 3 or Step 4.

Step 7: Combine the impairment ratings obtained in Step 5.

If more than one rating has been given in Step 5 then the ratings are to be combined. This combining is for the purpose of the comparison to be made in Step 8. If only one rating has been given in Step 5, then the result to be obtained in Step 7 is to be the same as the result obtained in Step 5.

Step 8: Compare the impairment ratings obtained in Steps 6 and 7.

Step 9: If the comparison made in Step 8 shows that the impairment rating obtained in Step 6 is higher than the impairment rating obtained in Step 7, then the ratings obtained in Steps 3 and 4 are the final impairment ratings for the vascular condition.

If more than one rating was obtained in Steps 3 and 4 those ratings are not to be combined at this stage, but each is to be included in the final combining of all ratings.

Step 10: If the comparison made in Step 8 shows that the impairment rating obtained in Step 7 is higher than the impairment rating obtained in Step 6, then the rating(s) obtained in Step 5 are the final impairment rating(s) for the vascular condition.

If more than one rating was obtained in Step 5 those ratings are not to be combined at this stage, but each is to be included in the final combining of all ratings.

PART 2.3: OTHER NON-CARDIAC VASCULAR CONDITIONS

This Part is to be applied for a variety of vascular conditions not covered elsewhere in the *Guide*.

Other Impairment Table 2.3.1



ANEURYSMS AND INTRA-VASCULAR CONDITIONS

Impairment Ratings	Criteria
NIL	No aneurysms or intra-vascular conditions present.
TWO	<ul style="list-style-type: none"> • Aortic aneurysm of diameter less than 6 cm. • Renal artery stenosis. • Iliac or femoral or carotid aneurysms.
FIVE	<ul style="list-style-type: none"> • Embolus requiring anticoagulant medication. • Non-valvular vascular conditions requiring anti-coagulant medication. • Aortic aneurysm of 6 cm diameter or more. • Aortic aneurysm surgically corrected.
TEN	Other vascular conditions (eg severe deep venous thrombosis) that are difficult to control.

The impairment from any single condition can only receive one rating from this table. If the impairment from a given condition (eg an aortic aneurysm) satisfies more than one criterion, it is to be given only the highest applicable rating.

No age adjustment permitted for this table

Aneurysms, atherosclerosis, and cerebrovascular disease

Impairment from atherosclerosis is to be rated by applying the appropriate tables in Chapter 1, Part 2.2 of Chapter 2, and Chapter 5 (Neurological Impairment) according to the losses of function or other impairments which it causes.

Impairment from cerebral aneurysms and cerebrovascular disease is to be rated by applying Chapter 5 (Neurological Impairment) and any other applicable chapter, according to the other effects of the cerebrovascular disease.