

# Chapter 12

## Endocrine and Haemopoietic Impairment

This chapter contains two parts:

- Part 12.1 — Loss of Endocrine Function
- Part 12.2 — Loss of Haemopoietic Function

### INTRODUCTION

Part 12.1 is to be applied to assess loss of function of the endocrine system. The endocrine system consists of all the glands and tissues which secrete hormones and the mechanisms by which the secretion of those hormones is regulated. The functions of the endocrine system are very diverse and include control of growth, of sexual function, of calcium metabolism and of the uptake of glucose by body cells.

Part 12.2 is to be applied to assess loss of haemopoietic function. The haemopoietic system consists of all the tissues, such as bone marrow and lymph nodes, that produce blood cells.

### PART 12.1: THE ENDOCRINE SYSTEM

Many endocrine conditions will affect various other body systems. Hence, loss of endocrine function is established by assessing the effect of the condition on those other body systems. In very severe cases, where many body systems are affected, Table 16.2 in Chapter 16 (Activities of Daily Living) is to be applied to rate the loss of function.

In many cases, an endocrine condition will be under therapeutic control as a result of the use of continuous replacement therapy or the like. In these cases, the effect on other body systems may be minimal and the veteran's principal inconvenience is that of undergoing the continuous therapy. This is to be assessed by applying the Other Impairment tables.

## Calculation of the impairment rating for loss of endocrine function

Follow the steps below to calculate the impairment rating due to accepted loss of endocrine function.

(Each step is elaborated in the following pages.)

<b>STEP 1</b>	Establish which body systems are affected by the accepted endocrine condition.	Page 194
<b>STEP 2</b>	Determine an impairment rating for functional impairment of the affected body systems.	Page 194
<b>STEP 3</b>	Determine an Other Impairment rating for the accepted endocrine condition.	Page 194
<b>STEP 4</b>	Compare the total functional impairment rating of the affected body systems with the rating obtained in Step 3. Take the higher rating.	Page 195
<b>STEP 5</b>	If recognisable episodes of increased impairment are superimposed on the underlying condition, also assess the endocrine condition under Chapter 15 (Intermittent Impairment).	Page 195

### Step 1: Establish which body systems are affected by the accepted endocrine condition.

Many of the effects of loss of endocrine function are separate and recognisable diseases. For example, diabetes mellitus may lead to ischaemic heart disease. Such diseases, though quite possibly a consequence of the loss of endocrine function, are to be separately assessed under this *Guide* and are not to be taken into account in the calculation of the impairment rating for loss of endocrine function.

### Step 2: Determine an impairment rating for functional impairment of the affected body systems.

Use the appropriate Functional Loss tables from other chapters in this *Guide* to determine the impairment rating.

### Step 3: Determine an Other Impairment rating for the accepted endocrine condition.

There are two Other Impairment tables for loss of endocrine function. Table 12.1.1 is to be applied if assessing diabetes mellitus, while Table 12.1.2 is to be applied if assessing any other endocrine condition. Both tables provide an impairment rating based on the type of treatment required by the veteran.

**Step 4: Compare the total functional impairment rating of the affected body systems with the rating obtained in Step 3. Take the higher of these two ratings.**

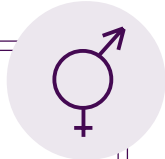
The rating obtained in Step 4 is to be included in the final combining of all ratings.

**Step 5: If recognisable episodes of increased impairment are superimposed on the underlying condition, also assess the endocrine condition under Chapter 15 (Intermittent Impairment).**

If recognisable episodes of increased impairment are superimposed on the underlying condition (for example, insulin-dependent diabetes with superimposed hypoglycaemic episodes), the endocrine condition is to be assessed under Chapter 15 (Intermittent Impairment). The rating from Chapter 15 and the rating obtained in Step 4 are to be included in the final combining of all ratings.

However, a rating from Chapter 15 is not to be combined with a rating from any other system-specific table for the same condition.

**Other Impairment Table 12.1.1**



**DIABETES MELLITUS**

**Impairment Ratings**

**Criteria**

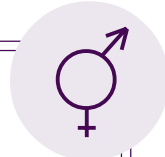
NIL	Glycosuria or hyperglycaemia controlled by weight loss.
TWO	Gestational diabetes mellitus.
FIVE	<ul style="list-style-type: none"> <li>• Diabetes mellitus necessitating dietary control.</li> <li>• Diabetes mellitus controlled by use of oral hyperglycaemics.</li> </ul>
TEN	Diabetes mellitus controlled with insulin.
TWENTY	Diabetes mellitus uncontrolled.

*A rating from this table is to be selected when the endocrine disorder is not associated with loss of function. If an assessable loss of function occurs in another system the higher rating is to be chosen. The two are not to be combined.*

**No age adjustment permitted for this table**

For the purposes of Table 12.1.1, “Diabetes mellitus uncontrolled” means blood sugar level consistently 15 mmol/L or more, despite treatment.

**Other  
Impairment  
Table 12.1.2**



**ENDOCRINE DISORDERS  
(excluding Diabetes Mellitus)**

<b>Impairment Ratings</b>	<b>Criteria</b>
NIL	An endocrine disorder controlled by regular oral medication taken less often than daily or by injections less often than once a month.
TWO	<ul style="list-style-type: none"> <li>• An endocrine disorder requiring daily oral medication.</li> <li>• An endocrine disorder requiring regular injections not more often than once a month.</li> </ul>
FIVE	An endocrine disorder requiring injections not more often than once a fortnight.
TEN	An endocrine disorder requiring daily injections.

*A rating from this table is to be selected when the endocrine disorder is not associated with loss of function. If an assessable loss of function occurs in another system the higher rating is to be chosen. The two are not to be combined.*

**No age adjustment permitted for this table**

## PART 12.2: THE HAEMOPOIETIC SYSTEM

Conditions of the haemopoietic system include anaemias, leukaemias and polycythaemia.

Haemopoietic conditions usually affect various other body systems, therefore loss of function for the condition is to be established by assessing the effect of the condition on those body systems. Some haemopoietic conditions are also malignant conditions and may be assessed by applying Chapter 14 (Malignant Conditions). For very severe haemopoietic conditions, where many body systems are affected, Tables 16.1 and 16.2 in Chapter 16 (Activities of Daily Living) are also to be applied to rate the loss of function.

Many anaemias will respond adequately to replacement or supplemental therapy. For example, the hypochromic anaemia of iron deficiency will usually respond to dietary iron supplementation and pernicious anaemia will usually respond to parenteral Vitamin B<sub>12</sub>.

### Calculation of the impairment rating for loss of haemopoietic function

Follow the steps below to calculate the impairment rating due to accepted loss of haemopoietic function:

(Each step is elaborated on the following page.)

<b>STEP 1</b>	Establish which body systems are affected by the accepted haemopoietic condition.	Page 197
<b>STEP 2</b>	Determine the impairment rating for functional impairment of the affected body systems.	Page 198
<b>STEP 3</b>	Determine the impairment rating for the treatment requirements of the haemopoietic condition by applying Table 12.2.1.	Page 198

#### Step 1: Establish which body systems are affected by the accepted haemopoietic condition.

Haemopoietic conditions may affect the function of other body systems. For example, refractory anaemia may result in reduced effort tolerance.

**Step 2: Determine the functional impairment of all body systems affected by the haemopoietic condition.**

Apply the appropriate functional impairment table elsewhere in this *Guide* to assess the functional impairment arising from the haemopoietic condition. For example, in the case of refractory anaemia causing reduced effort tolerance, the reduced effort tolerance is to be assessed by use of the Effort Tolerance protocol in Chapter 1.

If non-accepted conditions have contributed to the impairment rating for any of the affected body systems, Chapter 19 (Partially Contributing Impairment) is to be applied.

The various functional impairment ratings are not combined at this stage but are to be included in the final combining of all impairment ratings.

**Step 3: Determine the impairment rating for the treatment requirements of the accepted haemopoietic condition using Table 12.2.1.**

The ratings obtained in Steps 2 and 3 are not to be combined at this stage but both are to be included in the final combining of all impairment ratings.

Other  
Impairment  
Table 12.2.1



**THE HAEMOPOIETIC SYSTEM:  
TREATMENT REQUIREMENTS\***

<b>Impairment Ratings</b>	<b>Criteria</b>
NIL	Symptoms in remission and no active therapy indicated.
TWO	Transfusion requirements: 2–3 units per 12–16 weeks.
FIVE	<ul style="list-style-type: none"> <li>• Intermittent combination cytotoxic therapy — one course every 3–4 weeks.</li> <li>• Phlebotomy once every 4 weeks.</li> <li>• Transfusion requirements: 2–3 units per 6 weeks.</li> </ul>
TEN	<ul style="list-style-type: none"> <li>• Phlebotomy more than once every 4 weeks.</li> <li>• Transfusion requirements: 2–3 units per 4 weeks.</li> </ul>
TWENTY	Transfusion requirements: 2–3 units per 2 weeks.

(\*Additional to relevant body system assessment.)

No age adjustment  
permitted for  
this table