

3.6.3.100 Guidelines to Table 10 - Digestive & Reproductive Function

Summary

Table 10 is used to assess functional impairment related to digestive or reproductive system functions.

The diagnosis of the condition must be made by an appropriately qualified medical practitioner. This includes a general practitioner or medical specialists such as a gastroenterologist, gynaecologist, urologist or oncologist.

If the person has impairment related to both digestive and reproductive system functions a single rating under Table 10 should be assigned which reflects the overall functional impairment.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 10 - Digestive and Reproductive Function

Determining the level of functional impact

When determining which impairment rating applies to a person the rating that best describes the person's abilities or difficulties must be applied. In applying the descriptors, each descriptor sets out how the points within it are to apply.

For example, the 5 point descriptor in Table 10 states that at least one of the following applies. The 10, 20 and 30 point descriptors state that at least 2 of the following apply.

Determination of the descriptor that best fits the person's impairment level must be based on the available medical evidence including the person's medical history, investigation results and clinical findings. A person's self-reported symptoms must not solely be relied on. It would be inappropriate to apply an impairment rating based solely on a person's self-reported functional history if this level of functional impairment is not consistent with the medical evidence available.

The 10 and 20 point descriptors refer to the amount of absences a person may have. The 10 point descriptor states the person is often (once per month) absent and the 20 point descriptor states the person is frequently (twice or more per month) absent. One absence is taken to be one day and so where the person has frequent absences of 2 or more days, even where these are consecutive days, this would equate to absences of twice or more per month.

Where the descriptors make reference to symptoms or personal care needs associated with the digestive or reproductive system condition, the following information may be of assistance.

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For digestive conditions:

- associated symptoms include, but are not limited to, pain, discomfort, nausea, vomiting, diarrhoea, constipation, reflux, heartburn, indigestion or fatigue,
- associated personal care needs include, but are not limited to, the need to take medications when symptoms occur, care of special feeding equipment (e.g. Percutaneous Endoscopic Gastrostomy (PEG) button or special feeding tube), special diets or feeding solutions, strategies to relieve pain, additional toileting and personal hygiene needs.

For reproductive system conditions:

- associated symptoms include, but are not limited to, pain, fatigue, menorrhagia or dysmenorrhea,
- associated personal care needs include, but are not limited to, strategies to relieve pain or more frequent menstrual care.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 10 - Digestive and Reproductive Function

Some conditions causing impairment commonly assessed using Table 10

Digestive conditions may include diseases that affect the mouth, salivary glands, oesophagus, stomach, small or large intestines, pancreas, liver, gall bladder, bile ducts, rectum or anus such as:

- reflux oesophagitis,
- refractory peptic ulcer disease,
- established chronic liver disease,
- chronic symptoms from renal disease,
- irritable bowel syndrome,
- inflammatory bowel disease (Crohn's disease, Ulcerative Colitis),
- haemorrhoids,
- established chronic pancreatic disease, abdominal hernias.

Reproductive system conditions may include gynaecological disease and conditions of the male reproductive system such as:

- severe and intractable endometriosis,
- pelvic inflammatory disease,
- ovarian cancer,
- testicular cancer.

Example 1: *A 45 year old man suffers from Crohn's disease. He was diagnosed with this condition several years ago and the medical evidence indicates he has undergone surgery in relation to this condition, due to suffering a blockage of the intestine. His current treatment consists of medication to alleviate the symptoms and sometimes a course of short term steroids during periods of active symptoms. He experiences intermittent periods of aggravation of his symptoms in between periods of remission. A report from his treating specialist outlines that he experiences these periods of active symptoms on an average of once a month. During this time he is unable to attend work due to the severity of active symptoms, for at least one day. During periods of remission he experiences relatively mild symptoms and is able to attend*

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work reliably. During the periods of active symptoms, he experiences symptoms of severe abdominal pain and diarrhoea along with fatigue, nausea and loss of appetite. His attention and concentration are often reduced by the symptoms and he often loses weight during these times.

The condition is considered fully diagnosed, treated and stabilised and under Table 10, this man would receive an impairment rating of 10 points due to the moderate impact his condition has on his ability to function. Under the 10 point descriptor he would meet (1)(a) and (c).

Example 2: *A 25 year old woman has a diagnosis of endometriosis. She has undergone hormone therapy and currently takes medication to alleviate the symptoms. In the past she has undergone a pelvic laparoscopy but her symptoms came back following this operation. Her symptoms include constant chronic pelvic pain which increases in severity once a month with menstruation. During this time she is unable to attend work for about 1 week. The pain is severe and occurs on both sides of the pelvis, radiating to the lower back. Her specialist has recommended she undergo a hysterectomy due to the severity of her symptoms but the woman has chosen not to undertake this form of treatment, due to the fact that she wants to try to have children in the near future. Also, there is still a risk that her symptoms can come back even after undergoing this procedure.*

The condition is considered fully diagnosed, treated and stabilised and under Table 10, this woman would receive 20 points, due to the fact that her attention and concentration are frequently reduced by her pain symptoms and she is frequently absent from work due to her condition. Under the 20 point descriptor this woman would meet (1)(a) and (d).

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 10 - Digestive and Reproductive Function

Impairments that should not be assessed using Table 10

If a person requires continence or ostomy care and has an ileostomy or colostomy they should be assessed under Table 13 - Continence Function.

Act reference: [Social Security \(Tables for the Assessment of Work-related Impairment for Disability Support Pension\) Determination 2011](#) Table 10 - Digestive and Reproductive Function, Table 13 - Continence Function