$4.119$ Schedule of ratings—endocrine system.

<table>
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<th>Code</th>
<th>Description</th>
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| 7900 | Hyperthyroidism: Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or gastrointestinal symptoms. Emotional instability, tachycardia, fatigability, and increased pulse pressure or blood pressure. Tachycardia, tremor, and increased pulse pressure or blood pressure. Tachycardia, which may be intermittent, and tremor, or; continuous medication required for control. NOTE: If disease of the heart is the predominant finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. NOTE (1): If ophthalmopathy is the sole finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. NOTE (2): If ophthalmopathy is the sole finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. 

| 7901 | Thyroid gland, toxic adenoma of Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or gastrointestinal symptoms. Emotional instability, tachycardia, fatigability, and increased pulse pressure or blood pressure. Tachycardia, tremor, and increased pulse pressure or blood pressure. Tachycardia, which may be intermittent, and tremor, or; continuous medication required for control. NOTE: If disease of the heart is the predominant finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. NOTE (1): If ophthalmopathy is the sole finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. NOTE (2): If ophthalmopathy is the sole finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. 

| 7902 | Thyroid gland, nontoxic adenoma of Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or gastrointestinal symptoms. Emotional instability, tachycardia, fatigability, and increased pulse pressure or blood pressure. Tachycardia, tremor, and increased pulse pressure or blood pressure. Tachycardia, which may be intermittent, and tremor, or; continuous medication required for control. NOTE: If disease of the heart is the predominant finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. NOTE (1): If ophthalmopathy is the sole finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. NOTE (2): If ophthalmopathy is the sole finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. 

| 7903 | Hypothyroidism: Cold intolerance, muscular weakness, cardiovascular involvement, mental disturbance (dementia, slowing of thought, depression), bradycardia (less than 60 beats per minute), and sleepiness. Muscle weakness, mental disturbance, and weight gain. Fatigability, constipation, and mental sluggishness. Fatigability, or; continuous medication required for control. 

| 7904 | Hyperparathyroidism: Generalized decalcification of bones, kidney stones, gastrointestinal symptoms (nausea, vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness. Gastrointestinal symptoms and weakness. Continuous medication required for control. 

| 7905 | Hypoparathyroidism: Marked neuromuscular excitability (such as convulsions, muscular spasms (tetany), or laryngeal stridor) plus either cataract or evidence of increased intracranial pressure (such as papilledema). Continuous medication required for control. 

| 7906 | Hyperparathyroidism: Marked neuromuscular excitability, or; paresthesias (of arms, legs, or circumoral area) plus either cataract or evidence of increased intracranial pressure. Continuous medication required for control. 

| 7907 | Cushing’s syndrome: As active, progressive disease including loss of muscle strength, areas of osteoporosis, hypertension, weakness, and enlargement of pituitary or adrenal gland. Loss of muscle strength and enlargement of pituitary or adrenal gland. With striae, obesity, moon face, glucose intolerance, and vascular fragility. 

| 7908 | Acromegaly: Evidence of increased intracranial pressure (such as visual field defect), arthropathy, glucose intolerance, and either hypertension or cardiomegaly. Arthropathy, glucose intolerance, and hypertension. Enlargement of acral parts or overgrowth of long bones, and enlarged sella turcica. 

| 7909 | Diabetes insipidus: Polyuria with near-continuous thirst, and one or more episodes of dehydration in the past year. Polyuria with near-continuous thirst, and one or two documented episodes of dehydration requiring parenteral hydration in the past year. Polyuria with near-continuous thirst, and one or two documented episodes of dehydration requiring parenteral hydration in the past year. Polyuria with near-continuous thirst, and one or two documented episodes of dehydration in the past year not requiring parenteral hydration. Polyuria with near-continuous thirst. 

| 7911 | Addison’s disease (Adrenal Cortical Hypofunction): Four or more crises during the past year. Three crises during the past year, or; five or more episodes during the past year. One or two crises during the past year, or; two to four episodes during the past year, or; weakness and fatigability, or; corticosteroid therapy required for control.
### $\S\ 4.120$

#### Evaluations by comparison.

Disability in this field is ordinarily to be rated in proportion to the impairment of motor, sensory or mental function. Consider especially psychotic manifestations, complete or partial loss of use of one or more extremities, speech disturbances, impairment of vision, disturbances of gait, tremors, visceral manifestations, injury to the skull, etc. In rating disability from the conditions in the preceding sentence refer to the appropriate schedule. In rating peripheral nerve injuries and their residuals, attention should be given to the site and character of the injury, the relative impairment in motor function, trophic changes, or sensory disturbances.

#### $\S\ 4.121$

**Identification of epilepsy.**

When there is doubt as to the true nature of epileptiform attacks, neurological observation in a hospital adequate to make such a study is necessary. To warrant a rating for epilepsy, the seizures must be witnessed or verified at some time by a physician. As to frequency, competent, consistent lay testimony emphasizing convulsive and immediate post-convulsive characteristics may be accepted. The frequency of seizures should be ascertained under the ordinary conditions of life (while not hospitalized).