§ 4.100

Rating

Cor pulmonale, or; cardiac involvement with congestive heart failure, or; progressive pulmonary disease with fever, night sweats, and weight loss despite treatment .......................................................... 100
Pulmonary involvement requiring systemic high dose (therapeutic) corticosteroids for control .................................................. 60
Pulmonary involvement with persistent symptoms requiring chronic low dose (maintenance) or intermittent corticosteroids ........................................ 30
Chronic hilar adenopathy or stable lung infiltrates without symptoms or physiologic impairment ............................................. 0
Or rate active disease or residuals as chronic bronchitis (DC 6600) and extra-pulmonary involvement under specific body system involved.

6847 Sleep Apnea Syndromes (Obstructive, Central, Mixed):

Chronic respiratory failure with carbon dioxide retention or cor pulmonale, or; requires tracheostomy .......................................................... 100
Requires use of breathing assistance device such as continuous airway pressure (CPAP) machine .................................................. 50
Persistent day-time hypersomnolence .................................................................................................................. 30
Asymptomatic but with documented sleep disorder breathing .......................................................................................... 0

† Review for entitlement to special monthly compensation under §3.350 of this chapter.

### DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
</table>
| 7001   | Endocarditis: For three months following cessation of therapy for active infection with cardiac involvement. Thereafter, with endocarditis (documented by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization) resulting in:  
- Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent  
- More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation of 30 to 50 percent  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required. |

<table>
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<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
</table>
| 7002   | Pericarditis: For three months following cessation of therapy for active infection with cardiac involvement. Thereafter, with documented pericarditis resulting in:  
- Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.  
- More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required. |

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
</table>
| 7003   | Pericardial adhesions:  
- Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.  
- More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required. |

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
</table>
| 7004   | Syphilitic heart disease:  
- Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.  
- More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required. |

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
</table>
| 7005   | Arteriosclerotic heart disease (Coronary artery disease):  
- With documented coronary artery disease resulting in:  
- Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.  
- More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation of 30 to 50 percent.  
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required. |
DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Include as part of the overall evaluation for hyperthyroidism under DC 7900. However, when atrial fibrillation is present, hyperthyroidism may be evaluated either under DC 7900 or under DC 7010 (supraventricular arrhythmia), whichever results in a higher evaluation.</td>
</tr>
<tr>
<td>7010</td>
<td>Supraventricular arrhythmias: Paroxysmal atrial fibrillation or other supraventricular tachycardia, with more than four episodes per year documented by ECG or Holter monitor</td>
</tr>
<tr>
<td>30</td>
<td>Permanent atrial fibrillation ( lone atrial fibrillation), or; one to four episodes per year of paroxysmal atrial fibrillation or other supraventricular tachycardia documented by ECG or Holter monitor</td>
</tr>
<tr>
<td>10</td>
<td>Ventricular arrhythmias (sustained): For indefinite period from date of hospital admission for initial evaluation and medical therapy for a sustained ventricular arrhythmia, or; for indefinite period from date of hospital admission for ventricular aneurysmectomy, or; with an automatic implantable Cardioverter-Defibrillator (AICD) in place</td>
</tr>
<tr>
<td>60</td>
<td>Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
</tr>
<tr>
<td>100</td>
<td>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
</tr>
<tr>
<td>30</td>
<td>Workload of greater than 3 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; continuous medication required</td>
</tr>
<tr>
<td>100</td>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; continuous medication required</td>
</tr>
<tr>
<td>10</td>
<td>Hypertensive heart disease: Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
</tr>
<tr>
<td>60</td>
<td>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
</tr>
<tr>
<td>10</td>
<td>Workload of greater than 3 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
</tr>
<tr>
<td>100</td>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; continuous medication required</td>
</tr>
<tr>
<td>10</td>
<td>Hyperthyroid heart disease: Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
</tr>
</tbody>
</table>

NOTE: A rating of 100 percent shall be assigned from the date of hospital admission for initial evaluation and medical therapy for a sustained ventricular arrhythmia or for ventricular aneurysmectomy. Six months following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.
### Diseases of the Heart—Continued

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than one episode of acute congestive heart failure in the past year; or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>60</td>
</tr>
<tr>
<td>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>30</td>
</tr>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; continuous medication or a pacemaker required</td>
<td>10</td>
</tr>
</tbody>
</table>

**NOTE:** Unusual cases of arrhythmia such as atrioventricular block associated with a supraventricular arrhythmia or pathological bradyarrhythmia should be submitted to the Director, Compensation and Pension Service. Simple delayed P-R conduction time, in the absence of other evidence of cardiac disease, is not a disability.

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heart valve replacement (prosthesis):</strong></td>
<td></td>
</tr>
<tr>
<td>For indefinite period following date of hospital admission for valve replacement</td>
<td></td>
</tr>
<tr>
<td>Thereafter:</td>
<td></td>
</tr>
<tr>
<td>Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td></td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year; or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td></td>
</tr>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td>60</td>
</tr>
<tr>
<td>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>30</td>
</tr>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; continuous medication required</td>
<td>10</td>
</tr>
</tbody>
</table>

**NOTE:** A rating of 100 percent shall be assigned as of the date of hospital admission for valve replacement. Six months following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coronary bypass surgery:</strong></td>
<td></td>
</tr>
<tr>
<td>For three months following hospital admission for surgery</td>
<td></td>
</tr>
<tr>
<td>Thereafter:</td>
<td></td>
</tr>
<tr>
<td>Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td></td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year; or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>60</td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year; or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td>10</td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year; or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>60</td>
</tr>
</tbody>
</table>

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### § 4.104 Diseases of the Heart—Continued

#### Aneurysm, any large artery:
- NOTE: A rating of 100 percent shall be assigned as of the date of hospital admission for surgical correction.
- Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray.
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required.

### Diseases of the Arteries and Veins

#### 7101 Hypertensive vascular disease (hypertension and isolated systolic hypertension):
- Diastolic pressure predominantly 130 or more
- Diastolic pressure predominantly 120 or more
- Diastolic pressure predominantly 110 or more, or; systolic pressure predominantly 200 or more
- Diastolic pressure predominantly 100 or more, or; systolic pressure predominantly 160 or more, or; minimum evaluation for an individual with a history of diastolic pressure predominantly 100 or more who requires continuous medication for control.

**NOTE (1):** Hypertension or isolated systolic hypertension must be confirmed by readings taken two or more times on at least three different days. For purposes of this section, the term hypertension means that the diastolic blood pressure is predominantly 90mm. or greater, and isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm. or greater, with a diastolic blood pressure of less than 90mm.

**NOTE (2):** Evaluate hypertension due to aortic insufficiency or hyperthyroidism, which is usually the isolated systolic type, as part of the condition causing it rather than by a separate evaluation.

**NOTE (3):** Hypertension or isolated systolic hypertension must be subject to the provisions of § 3.105(e) of this chapter.

#### 7111 Aneurysm, any large artery:
- If five centimeters or larger in diameter, or; if symptomatic, or; for indefinite period from date of hospital admission for surgical correction (including any type of graft insertion).
- Claudication on walking less than 25 yards.
- Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails).
- Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less.
- Workload of greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray.
- With edema or stasis dermatitis:
- Without heart failure but with enlarged heart, wide pulse pressure, and tachycardia.
- With edema or stasis dermatitis:
- Lower extremity
- Upper extremity

**NOTE (1):** If symptomatic, evaluate according to body system affected. Following surgery, evaluate residuals under the body system affected.

#### 7113 Arteriovenous fistula, traumatic:
- Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less.
- Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less.

**NOTE (1):** The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.

**NOTE (2):** These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor, if applicable.

**NOTE (3):** A rating of 100 percent shall be assigned as of the date of hospital admission for surgical correction. Six months following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.

#### 7114 Arteriosclerosis obliterans:
- Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; persistent coldness of the extremity, one or more deep ischemic ulcers, or ankle/brachial index of 0.5 or less.
- Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less.
- Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less.
- Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less.

**NOTE (1):** The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.
NOTE (2): Evaluate residuals of aortic and large arterial bypass surgery or arterial graft as arteriosclerosis obliterans.

NOTE (3): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under §4.25), using the bilateral factor (§4.26), if applicable.

### 7115 Thrombo-angiitis obliterans (Buerger’s Disease)

Ischemic limb pain at rest, and, either deep ischemic ulcers or ankle/brachial index of 0.4 or less:

- Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and, either persistent coldness of the extremity or ankle/brachial index of 0.5 or less:

- Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and, trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less:

- Claudication on walking more than 100 yards, and, diminished peripheral pulses or ankle/brachial index of 0.9 or less:

**NOTE (1):** The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.

**NOTE (2):** These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under §4.25), using the bilateral factor (§4.26), if applicable.

### 7117 Raynaud’s syndrome:

- Characteristic attacks occurring one to three times a week:

- Characteristic attacks occurring four to six times a week:

- Characteristic attacks occurring one to three times a week:

**NOTE: For purposes of this section, a characteristic attack of erythromelalgia consists of burning pain in the hands, feet, or both, usually unilateral and symmetrical, with increased skin temperature and redness, occurring at warm ambient temperatures.

These evaluations are for the disease as a whole, regardless of the number of extremities involved.

### 20 7120 Varicose veins:

With the following findings attributed to the effects of varicose veins:

#### Massive board-like edema with constant pain at rest

- Rating: 100

#### Persistent edema or subcutaneous induration, stasis pigmentation or eczema, and persistent ulceration

- Rating: 60

#### Persistent edema and stasis pigmentation or eczema, with or without intermittent ulceration

- Rating: 40

#### Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema

- Rating: 20

#### Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery

- Rating: 10

#### Asymptomatic palpable or visible varicose veins

- Rating: 0

**NOTE:** These evaluations are for involvement of a single extremity. If more than one extremity is involved, evaluate each extremity separately and combine (under §4.25), using the bilateral factor (§4.26), if applicable.

### 7121 Post-phlebitic syndrome of any etiology:

With the following findings attributed to venous disease:

#### Massive board-like edema with constant pain at rest

- Rating: 100

#### Persistent edema or subcutaneous induration, stasis pigmentation or eczema, and persistent ulceration

- Rating: 60

#### Persistent edema and stasis pigmentation or eczema, with or without intermittent ulceration

- Rating: 40

#### Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema

- Rating: 20

#### Asymptomatic palpable or visible varicose veins

- Rating: 0

**NOTE:** For purposes of this section, characteristic attacks of angioneurotic edema are defined as attacks precipitated by exposure to cold or by emotional upset. These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under §4.25), using the bilateral factor (§4.26), if applicable.

#### 7119 Erythromelalgia:

#### Characteristic attacks that occur more than once a day, last an average of more than two hours each, and respond poorly to treatment, and that restrict most routine daily activities

- Rating: 100

#### Characteristic attacks that occur more than once a day, last an average of more than two hours each, and respond poorly to treatment, but that do not restrict most routine daily activities

- Rating: 60

#### Characteristic attacks that occur daily or more often but that respond to treatment

- Rating: 30

#### Characteristic attacks that occur less than daily but at least three times a week and that respond to treatment

- Rating: 10
§ 4.110 Ulcers.

Experience has shown that the term “peptic ulcer” is not sufficiently specific for rating purposes. Manifest differences in ulcers of the stomach or duodenum in comparison with those at an anastomotic stoma are sufficiently recognized as to warrant two separate graduated descriptions. In evaluating the ulcer, care should be taken that the findings adequately identify the particular location.

§ 4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the “dumping syndrome” are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§ 4.112 Weight loss.

For purposes of evaluating conditions in §4.114, the term “substantial weight loss” means a loss of greater than 20 percent of the individual’s baseline weight, sustained for three months or longer; and the term “minor weight loss” means a weight loss of 10 to 20 percent of the individual’s baseline weight, sustained for three months or longer. The term “inability to gain weight” means that there has been substantial weight loss with inability to regain it despite appropriate therapy. “Baseline weight” means the average weight for the two-year-period preceding onset of the disease.

(Authority: 38 U.S.C. 1155)

§ 4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal