

# REVOKED

## Determination

of

## Statement of Principles concerning

# PARKINSON'S DISEASE AND PARKINSON'S SYNDROME

ICD CODES: 332.0, 332.1

## *Veterans' Entitlements Act 1986*

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act).

### **Kind of injury, disease or death**

2. (a) This Statement of Principles is about:
  - (i) Parkinson's disease; and
  - (ii) Parkinson's syndrome; and
  - (iii) death from Parkinson's disease; and
  - (iv) death from Parkinson's syndrome
- (b) For the purposes of this Statement of Principles,
  - (i) **"Parkinson's disease"** means an idiopathic degenerative disease of the basal ganglia of insidious onset and slow progression, attracting ICD code 332.0. In its fully developed form, it is characterised by mask-like facies, a slow characteristic tremor of resting muscles (4 to 6 Hz), a slowing of voluntary movements, a festinating gait, peculiar posture, cogwheel rigidity and weakness of the muscles. It is also known as paralysis agitans, idiopathic Parkinson's disease, primary Parkinson's disease or Lewy body Parkinson's disease; and

- (ii) **“Parkinson's syndrome”** (also known as secondary Parkinsonism) means a group of neurological syndromes of diverse aetiology that clinically resembles idiopathic Parkinson's disease, and that is characterised clinically by bradykinesia and muscular rigidity, resting tremor (4 to 6 Hz), or postural instability unrelated to primary visual, cerebellar, vestibular or proprioceptive dysfunction, attracting ICD code 332.1; and
- (iii) **“Parkinson's disease”** and **“Parkinson's syndrome”** excludes parkinsonism in Multiple System Atrophy (including Shy Drager syndrome), progressive supranuclear palsy (including Steele-Richardson-Olszewski syndrome), Huntington's disease, Alzheimer's disease, syphilis, dementia pugilistica, benign essential tremor, arteriosclerotic pseudoparkinsonism, and Parkinson's syndrome associated with orthostatic hypotension, and other forms of extra pyramidal, basal ganglia or striatopallidal disease.

### **Basis for determining the factors**

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **Parkinson's disease and Parkinson's syndrome and death from Parkinson's disease and Parkinson's syndrome** can be related to relevant service rendered by veterans or members of the Forces.

### **Factors that must be related to service**

4. Subject to clause 6, the factors set out in at least one of the paragraphs in clause 5 must be related to any relevant service rendered by the person.

### **Factors**

5. The factors that must exist before it can be said that, on the balance of probabilities, **Parkinson's disease or Parkinson's syndrome or death from Parkinson's disease or Parkinson's syndrome** is connected with the circumstances of a person's relevant service are:
  - (a) for Parkinson's syndrome only,
    - (i) suffering from encephalitis lethargica before the clinical onset of Parkinson's syndrome; or
    - (ii) being exposed to high concentrations of manganese for a period of at least six months within the 10 years

immediately before the clinical onset of Parkinson's syndrome; or

- (iii) being occupationally exposed to carbon disulphide for a period of at least five years within the 10 years immediately before the clinical onset of Parkinson's syndrome; or
- (iv) suffering from acute intoxication with methyl alcohol within the 90 days immediately before the clinical onset of Parkinson's syndrome; or
- (v) suffering from an hypoxic-ischaemic cerebral insult within the 90 days immediately before the clinical onset of Parkinson's syndrome; or
- (vi) receiving an injection containing 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) within the 30 days immediately before the clinical onset of Parkinson's syndrome; or
- (vii) suffering from a lesion affecting the brain stem within the seven days immediately before the clinical onset of Parkinson's syndrome; or
- (viii) undergoing a course of treatment with at least one of the drugs identified in column 2 of the Schedule for a condition for which the drug cannot be ceased or substituted at the time of the clinical onset of Parkinson's syndrome; or
- (ix) suffering from encephalitis lethargica before the clinical worsening of Parkinson's syndrome; or
- (x) being exposed to high concentrations of manganese for a period of at least six months within the 10 years immediately before the clinical worsening of Parkinson's syndrome; or
- (xi) being occupationally exposed to carbon disulphide for a period of at least five years within the 10 years immediately before the clinical worsening of Parkinson's syndrome; or
- (xii) suffering from acute intoxication with methyl alcohol within the 90 days immediately before the clinical worsening of Parkinson's syndrome; or

- (xiii) suffering from an hypoxic-ischaemic cerebral insult within the 90 days immediately before the clinical worsening of Parkinson's syndrome; or
  - (xiv) receiving an injection containing 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) within the 30 days immediately before the clinical worsening of Parkinson's syndrome; or
  - (xv) suffering from a lesion affecting the brain stem within the seven days immediately before the clinical worsening of Parkinson's syndrome; or
- (b) inability to obtain appropriate clinical management for Parkinson's Disease and Parkinson's Syndrome.

**Factors that apply only to material contribution or aggravation**

6. Subparagraphs **5(a)(ix) to (xv) and paragraph 5(b)** apply only to material contribution to, or aggravation of, Parkinson's Disease and Parkinson's Syndrome where the person's Parkinson's Disease and Parkinson's Syndrome was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

**Other definitions**

7. For the purposes of this Statement of Principles:

**“acute intoxication with methyl alcohol”** means an overdose of methyl alcohol (methanol) which results in plasma levels greater than 60 mmol/L (200mg/dL), clinical manifestations of which include obtundation, convulsions or coma;

**“a lesion affecting the brain stem”** means an insult or injury that destroys the nigrostriatal pathway of the brain stem, and which is caused by:

- (a) an intracranial space occupying lesion that impinges directly on the brainstem or which causes signs or symptoms of brainstem dysfunction, and which is due to one of the following pathological entities, including:

- (i) primary or secondary malignant neoplasms of the brain or meninges; or
- (ii) benign neoplasms of the brain or meninges; or
- (iii) intracerebral abscess; or
- (iv) subdural or extradural abscess; or
- (v) tuberculoma of the brain; or

- (vi) cerebral cysts; or
- (vii) idiopathic space occupying lesion, or

(b) an episode of cerebral ischaemia or intracerebral haemorrhage that directly impinges on the brainstem or that causes signs or symptoms of brainstem dysfunction; or

(c) a severe trauma to the head, such as a direct penetrating injury to the brainstem (eg. a bullet injury); or blunt trauma to the head that produces unconsciousness or that causes signs or symptoms of brainstem dysfunction;

**“being exposed to high concentrations of manganese”** means occupational exposure to manganese by working in the mining or smelting of ores or welding with manganese containing rods;

**“being occupationally exposed to carbon disulphide”** means working in the manufacture of viscose rayon, cellophane or carbon tetrachloride, or working in close contact with grain fumigants containing carbon disulphide;

**“encephalitis lethargica”** (also known as von Economo’s encephalitis) means a form of epidemic encephalitis characterised by increasing languor, apathy and drowsiness, attracting ICD code 049.8;

**“hypoxic-ischaemic cerebral insult”** means acute cerebral anoxia or lack of oxygen supply to the brain, due to cardiorespiratory failure or carbon monoxide poisoning, attracting ICD code 348.1 or 997.0;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

**“relevant service”** means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service).

#### Schedule

column 1	column 2
calcium channel blockers:	flunarizine cinnarizine

neuroleptics:	<p>pipcrazine phenothiazine derivatives (for example, chlorpromazine)</p> <p>thioxanthenes derivatives (for example, flupenthixol)</p> <p>butyrophenones (for example, haloperidol)</p> <p>dihydroindolones (for example, molindone)</p> <p>dibenzoxazepines (for example, loxapine)</p> <p>substituted benzamides (for example, sulpiride)</p> <p>dibenzodiazepines (for example, clozapine)</p> <p>diphenylbutylpiperidines (for example, pimozide, penfluridol)</p>
antiarrhythmics:	amiodarone
antiadrenergics:	<p>reserpine</p> <p>tetrabenazine</p>
antiemetic benzamides:	<p>clebopride</p> <p>metoclopramide</p> <p>cisapride</p>

Dated this **Twenty-sixth** day of  
**September** 1996

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of )

KEN DONALD  
CHAIRMAN