



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**TARDIVE DYSKINESIA**  
**(Reasonable Hypothesis)**  
**(No. 78 of 2023)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 25 August 2023.

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

Professor Terence Campbell AM  
Chairperson

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## **1 Name**

This is the Statement of Principles concerning *tardive dyskinesia* (*Reasonable Hypothesis*) (No. 78 of 2023).

## **2 Commencement**

This instrument commences on 26 September 2023.

## **3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

## **4 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

## **5 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

## **6 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about tardive dyskinesia and death from tardive dyskinesia.

### *Meaning of tardive dyskinesia*

- (2) For the purposes of this Statement of Principles, tardive dyskinesia:
- (a) means a movement disorder which meets the following criteria (derived from DSM-5-TR):
    - (i) abnormal, involuntary movements of the tongue, jaw, trunk, or extremities that develop in association with the use of medications that block postsynaptic dopamine receptors;
    - (ii) the movements are present over a period of at least 4 weeks;
    - (iii) there must be a history of use of the offending agent for at least 3 months in individuals <60 years of age or at least 1 month in individuals age 60 years or older; and
    - (iv) symptoms and signs develop during medication use or within 4 weeks of withdrawal from an oral agent or within 8 weeks of withdrawal of a long-acting injectable agent; and

- (b) excludes:
- (i) medication-induced parkinsonism, acute dystonia and acute akathisia;
  - (ii) dyskinesia due to l-dopa or bromocriptine;
  - (iii) spontaneous dyskinesia;
  - (iv) neurological diseases including Huntington disease, Wilson disease, Sydenham chorea, systemic lupus erythematosus, and heavy metal poisoning.

Note: *DSM-5-TR* is defined in the Schedule 1 – Dictionary.

- (3) While tardive dyskinesia attracts ICD-10-AM code G24.01, in applying this Statement of Principles the meaning of tardive dyskinesia is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

#### *Death from tardive dyskinesia*

- (5) For the purposes of this Statement of Principles, tardive dyskinesia, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's tardive dyskinesia.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that tardive dyskinesia and death from tardive dyskinesia can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

## **8 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting tardive dyskinesia or death from tardive dyskinesia with the circumstances of a person's relevant service:

- (1) taking an antipsychotic medication for least 3 continuous months for persons under 60 years of age or at least 1 month for persons aged 60 years or older, before the clinical onset of tardive dyskinesia and where the symptoms and signs of tardive dyskinesia develop during antipsychotic medication use or within 4 weeks of withdrawal from an

oral antipsychotic medication or within 8 weeks of withdrawal from a long-acting injectable antipsychotic medication;

- (2) taking antiemetic drug metoclopramide, domoperidone, droperidol, or prochlorperazine, or the anxiety drug buspirone for least 3 continuous months for persons under 60 years of age or at least 1 month for persons aged 60 years or older, before the clinical onset of tardive dyskinesia and where the symptoms and signs of tardive dyskinesia develop during antiemetic medication use or within 4 weeks of withdrawal from an antiemetic medication;
- (3) taking anticholinergic medications that cannot be ceased or substituted at the time of the clinical worsening of tardive dyskinesia;
- (4) inability to obtain appropriate clinical management for tardive dyskinesia before the clinical worsening of tardive dyskinesia.

## **9 Relationship to service**

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 8(3) and 8(4) apply only to material contribution to, or aggravation of, tardive dyskinesia where the person's tardive dyskinesia was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **10 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 8 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 5

## 1 Definitions

In this instrument:

***DSM-5-TR*** means the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2022.

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***relevant service*** means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: *MRCA* and *VEA* are also defined in the Schedule 1 - Dictionary.

***tardive dyskinesia***—see subsection 6(2).

***terminal event*** means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

***VEA*** means the *Veterans' Entitlements Act 1986*.