



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

**EXPLANATORY STATEMENT**

**STATEMENT OF PRINCIPLES CONCERNING  
NEUROCOGNITIVE DISORDER WITH LEWY BODIES  
(REASONABLE HYPOTHESIS) (NO. 35 OF 2019)**

***VETERANS' ENTITLEMENTS ACT 1986***  
***MILITARY REHABILITATION AND COMPENSATION ACT 2004***

1. This is the Explanatory Statement to the *Statement of Principles concerning neurocognitive disorder with Lewy bodies (Reasonable Hypothesis)* (No. 35 of 2019).

**Background**

2. The Repatriation Medical Authority (the Authority), under subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA), repeals Instrument No. 22 of 2010 (Federal Register of Legislation No. F2017C00820) determined under subsections 196B(2) and (8) of the VEA concerning **Alzheimer-type dementia**, which includes dementia with Lewy bodies.
3. The Authority is of the view that there is sound medical-scientific evidence that indicates that **neurocognitive disorder with Lewy bodies** and **death from neurocognitive disorder with Lewy bodies** can be related to particular kinds of service. The Authority has therefore determined pursuant to subsection 196B(2) of the VEA a Statement of Principles concerning **neurocognitive disorder with Lewy bodies** (Reasonable Hypothesis) (No. 35 of 2019). This Instrument will in effect replace the repealed Statement of Principles.

**Purpose and Operation**

4. The Statement of Principles will be applied in determining claims under the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA).
5. The Statement of Principles sets out the factors that must as a minimum exist, and which of those factors must be related to the following kinds of service rendered by a person:
  - operational service under the VEA;
  - peacekeeping service under the VEA;
  - hazardous service under the VEA;
  - British nuclear test defence service under the VEA;
  - warlike service under the MRCA;
  - non-warlike service under the MRCA,

before it can be said that a reasonable hypothesis has been raised connecting neurocognitive disorder with Lewy bodies or death from neurocognitive disorder with Lewy bodies, with the circumstances of that service. The Statement of Principles has been determined for the purposes of both the VEA and the MRCA.

6. This Instrument results from an investigation notified by the Authority in the Government Notices Gazette of 14 November 2017 concerning Alzheimer-type dementia in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered.
7. The contents of this Instrument are in similar terms as the repealed Instrument. Comparing this Instrument and the repealed Instrument, the differences include:
  - adopting the latest revised Instrument format, which commenced in 2015;
  - specifying a day of commencement for the Instrument in section 2;
  - separating the Instruments for *Alzheimer-type dementia* into two conditions with the Instruments titled *Alzheimer disease* and *neurocognitive disorder with Lewy bodies*;
  - new definition of 'neurocognitive disorder with Lewy bodies' in subsection 7(2);
  - including ICD-10-AM codes for 'neurocognitive disorder with Lewy bodies' in subsection 7(3);
  - revising the factor in subsection 9(1) concerning 'major depressive disorder';
  - revising the factor in subsection 9(2) concerning 'posttraumatic stress disorder';
  - new factor in subsection 9(3) concerning 'being treated with an antipsychotic drug', for clinical worsening only;
  - new factor in subsection 9(4) concerning 'being treated with an anticholinergic drug', for clinical worsening only;
  - deleting various factors relating to 'moderate to severe cerebral trauma', 'smoking', 'extremely low frequency electromagnetic field', 'dyslipidaemia', 'diabetes mellitus', 'being obese', 'hypertension', 'hyperhomocysteinaemia', 'thyroid disorder', 'ionising radiation' and 'therapeutic radiation';
  - new definitions of 'DSM-5', 'major neurocognitive disorder', 'mild neurocognitive disorder', 'MRCA', 'specified list of anticholinergic drugs' and 'VEA' in Schedule 1 - Dictionary;
  - revising the definition of 'relevant service' in Schedule 1 - Dictionary; and
  - deleting the definitions of 'a thyroid disorder as specified', 'cumulative equivalent dose', 'being obese', 'dyslipidaemia', 'extremely low frequency electromagnetic field (ELF-EMF)', 'hyperhomocysteinaemia' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'.

### **Incorporation**

8. This Instrument incorporates by reference the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), Arlington, VA, American Psychiatric Association, 2013. A copy of this document is available from the offices of the Repatriation Medical Authority, Level 8, Bank of Queensland Building, 259 Queen St, Brisbane, Queensland 4000, by contacting the Registrar on telephone (07) 3815 9404.

### **Consultation**

9. Prior to determining this Instrument, the Authority advertised its intention to undertake an investigation in relation to Alzheimer-type dementia in the Government Notices Gazette of 14 November 2017, and circulated a copy of the notice of intention to investigate to a wide range of organisations representing veterans, service personnel and their dependants. The Authority invited submissions from the Repatriation Commission, the Military Rehabilitation and Compensation Commission, organisations and persons referred to in section 196E of the VEA, and any person

having expertise in the field. Three submissions were received for consideration by the Authority during the investigation.

10. On 11 October 2018, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instruments concerning Alzheimer disease and concerning neurocognitive disorder with Lewy bodies, and the medical-scientific material considered by the Authority. The Statements of Principles Nos. 22 and 23 of 2010 concerning Alzheimer-type dementia included 'dementia with Lewy bodies' as a condition covered by those Statements of Principles. On consideration of the sound medical-scientific evidence, the Repatriation Medical Authority concluded that Alzheimer disease and neurocognitive disorder with Lewy bodies are separate diseases, and decided to determine new Statements of Principles for neurocognitive disorder with Lewy bodies. The new evidence for neurocognitive disorder with Lewy bodies supports a limited number of risk factors being causally associated with the clinical onset and worsening of this disease. This letter emphasised that certain factors included in the Statements of Principles concerning Alzheimer-type dementia would not be included in the new Statements of Principles concerning neurocognitive disorder with Lewy bodies. These factors concern *moderate to severe cerebral trauma, smoking, extremely low frequency electromagnetic field (ELF-EMF), dyslipidaemia, diabetes mellitus, being obese, hypertension, hyperhomocysteinaemia, a specified thyroid disorder, ionising radiation and therapeutic radiation for cancer*. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instrument prior to its determination. No submissions were received for consideration by the Authority. Minor typographical changes were made to the proposed Instrument following this consultation process.

### **Human Rights**

11. This instrument is compatible with the Human Rights and Freedoms recognised or declared in the International Instruments listed in Section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A Statement of Compatibility with Human Rights follows.

### **Finalisation of Investigation**

12. The determining of this Instrument finalises the investigation in relation to Alzheimer-type dementia as advertised in the Government Notices Gazette of 14 November 2017.

### **References**

13. A list of references relating to the above condition is available to any person or organisation referred to in subsection 196E(1)(a) to (c) of the VEA. Any such request must be made in writing to the Repatriation Medical Authority at the following address:

The Registrar  
Repatriation Medical Authority  
GPO Box 1014  
BRISBANE QLD 4001



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

## **Statement of Compatibility with Human Rights**

*(Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011)*

**Instrument No.:** **Statement of Principles No. 35 of 2019**

**Kind of Injury, Disease or Death:** **Neurocognitive disorder with Lewy bodies**

This Legislative Instrument is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

### **Overview of the Legislative Instrument**

1. This Legislative Instrument is determined pursuant to subsection 196B(8) of the *Veterans' Entitlements Act 1986* (the VEA) for the purposes of the VEA and the *Military Rehabilitation and Compensation Act 2004* (the MRCA). Part XIA of the VEA requires the determination of these instruments outlining the factors linking particular kinds of injury, disease or death with service such being determined solely on the available sound medical-scientific evidence.
2. This Legislative Instrument:-
  - facilitates claimants in making, and the Repatriation Commission in assessing, claims under the VEA and the MRCA respectively, by specifying the circumstances in which medical treatment and compensation can be extended to eligible persons who have neurocognitive disorder with Lewy bodies;
  - facilitates the review of such decisions by the Veterans' Review Board and the Administrative Appeals Tribunal;
  - outlines the factors which the current sound medical-scientific evidence indicates must as a minimum exist, before it can be said that a reasonable hypothesis has been raised, connecting neurocognitive disorder with Lewy bodies with the circumstances of eligible service rendered by a person, as set out in clause 5 of the Explanatory Statement;
  - replaces Instrument No. 22 of 2010; and
  - reflects developments in the available sound medical-scientific evidence concerning neurocognitive disorder with Lewy bodies which have occurred since that earlier instrument was determined.
3. The Instrument is assessed as being a technical instrument which improves the medico-scientific quality of outcomes under the VEA and the MRCA.

## Human Rights Implications

4. This Legislative Instrument does not derogate from any human rights. It promotes the human rights of veterans, current and former Defence Force members as well as other persons such as their dependents, including:
- the right to social security (Art 9, *International Covenant on Economic, Social and Cultural Rights*; Art 26, *Convention on the Rights of the Child* and Art 28, *Convention on the Rights of Persons with Disabilities*) by helping to ensure that the qualifying conditions for the benefit are 'reasonable, proportionate and transparent'<sup>1</sup>;
  - the right to an adequate standard of living (Art 11, ICSECR; Art 27, CRC and Art 28, CRPD) by facilitating the assessment and determination of social security benefits;
  - the right to the enjoyment of the highest attainable standard of physical and mental health (Art 12, ICSECR and Art 25, CRPD), by facilitating the assessment and determination of compensation and benefits in relation to the treatment and rehabilitation of veterans and Defence Force members;
  - the rights of persons with disabilities by facilitating the determination of claims relating to treatment and rehabilitation (Art 26, CRPD); and
  - ensuring that those rights "will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (Art 2, ICESCR).

## Conclusion

This Legislative Instrument is compatible with human rights as it does not derogate from and promotes a number of human rights.

Repatriation Medical Authority

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<sup>1</sup> In General Comment No. 19 (The right to social security), the Committee on Economic, Social and Cultural Rights said (at paragraph 24) this to be one of the elements of ensuring accessibility to social security.