

**Determination**  
of  
**Statement of Principles**  
concerning  
**CLUSTER HEADACHE SYNDROME**

**ICD-10-AM CODE: G44.0**

*Veterans' Entitlements Act 1986*

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act).

**Kind of injury, disease or death**

2. (a) This Statement of Principles is about **cluster headache syndrome** and **death from cluster headache syndrome**.
- (b) For the purposes of this Statement of Principles, "**cluster headache syndrome**" means a headache condition in which there are multiple attacks of severe, unilateral headache in the orbital, supraorbital or temporal region, where each headache lasts from two to 180 minutes and is accompanied by, on the same side as the headache, conjunctival injection, lacrimation, nasal congestion, rhinorrhea, forehead and facial sweating, miosis, ptosis, or eyelid oedema, attracting ICD-10-AM code G44.0. This definition includes chronic paroxysmal hemicrania and excludes migraine and headache attributable to intracranial structural anomalies or systemic disease.

**Basis for determining the factors**

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **cluster headache**

**syndrome** and **death from cluster headache syndrome** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

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

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

#### **Factors**

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **cluster headache syndrome** or **death from cluster headache syndrome** with the circumstances of a person's relevant service are:
  - (a) suffering trauma to the forehead, temple, or eye socket within the 28 days immediately before the clinical onset of cluster headache syndrome and, if the trauma involving those areas was unilateral, the cluster headache developed on the same side as that trauma; or
  - (b) suffering from alcohol dependence, involving the continuing daily consumption of alcohol, at the time of the clinical worsening of cluster headache syndrome; or
  - (c) undergoing treatment with nitroglycerine or acetazolamide for a condition for which the drug cannot be ceased or substituted, at the time of the clinical worsening of cluster headache syndrome; or
  - (d) inability to obtain appropriate clinical management for cluster headache syndrome.

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

6. Paragraphs **5(b) to 5(d)** apply only to material contribution to, or aggravation of, cluster headache syndrome where the person's cluster headache 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), 70(5)(d) or 70(5A)(d) of the Act refers.

#### **Inclusion of Statements of Principles**

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

## Other definitions

8. For the purposes of this Statement of Principles:

**“alcohol dependence”** means the presence of a constellation of cognitive, behavioural and physiological symptoms indicating the continuing or past consumption of alcohol despite significant alcohol-related problems. The pattern of repeated self administration may result in tolerance, withdrawal and compulsive alcohol use behaviour;

**“death from cluster headache syndrome”** in relation to a person includes death from a terminal event or condition that was contributed to by the person’s cluster headache syndrome;

**“ICD-10-AM code”** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), effective date of 1 July 1998, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86451 340 3;

**“relevant service”** means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

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

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

**“trauma to the forehead, temple, or eye socket”** means an injury to any or all of those areas of the head, resulting in loss of consciousness, traumatic amnesia, fracture of the underlying bones or full thickness laceration of the overlying skin.

Dated this *Twenty-eighth* day of *October* 1999

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

KEN DONALD  
CHAIRMAN