

Revocation and Determination
of
Statement of Principles
concerning
ACUTE STRESS DISORDER

ICD-9-CM CODE: 308

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.120 of 1995; and
 - (b) determines in its place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **acute stress disorder** and **death from acute stress disorder**.
- (b) For the purposes of this Statement of Principles, **“acute stress disorder”** means a psychiatric condition that meets all of the following diagnostic criteria (derived from DSM-IV):
 - (A) the person has been exposed to a traumatic event in which both of the following were present:
 - (i) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and
 - (ii) the person's response involved intense fear, helplessness, or horror; and

- (B) either while experiencing or after experiencing the distressing event, the individual has three or more of the following dissociative symptoms:
 - (i) a subjective sense of numbing, detachment, or absence of emotional responsiveness;
 - (ii) a reduction in awareness of his or her surroundings (eg, “being in a daze”);
 - (iii) derealization;
 - (iv) depersonalization;
 - (v) dissociative amnesia (ie; inability to recall an important aspect of the stressor); and
- (C) the traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or the person is distressed on exposure to reminders of the traumatic event; and
- (D) marked avoidance of stimuli that arouse recollections of the trauma (eg, thoughts, feelings, conversations, activities, places, people); and
- (E) marked symptoms of anxiety or increased arousal (eg, difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness); and
- (F) the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual’s ability to pursue some necessary task, such as obtaining necessary assistance or mobilising personal resources by telling family members about the traumatic experience; and
- (G) the disturbance lasts for a minimum of two days and a maximum of four weeks and occurs within four weeks of the traumatic event; and

- (H) the disturbance is not due to the direct physiological effects of a substance (eg, a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder (as described in DSM-IV), and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder,

attracting ICD-9-CM code 308.

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 **acute stress disorder and death from acute stress disorder** 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, 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 exist before it can be said that, on the balance of probabilities, **acute stress disorder** or **death from acute stress disorder** is connected with the circumstances of a person's relevant service are:
- (a) experiencing a severe stressor not more than four weeks prior to the clinical onset of acute stress disorder; or
 - (b) inability to obtain appropriate clinical management for acute stress disorder.

Factors that apply only to material contribution or aggravation

6. Paragraph 5(b) applies only to material contribution to, or aggravation of, acute stress disorder where the person's acute stress disorder 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.

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:

“death from acute stress disorder” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s acute stress disorder;

“DSM-IV” means the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*;

“experiencing a severe stressor” means the person experienced, witnessed, or was confronted with an event or events that involved actual or threat of death or serious injury, or a threat to the person’s, or another person’s, physical integrity.

In the setting of service in the Defence Forces, or other service where the Veterans’ Entitlement Act applies, events that qualify as stressors include:

- (i) threat of serious injury or death; or
- (ii) engagement with the enemy; or
- (iii) witnessing casualties or participation in or observation of casualty clearance, atrocities or abusive violence;

“ICD-9-CM 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);

“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.

Application

9. This Instrument applies to all matters to which section 120B of the Act applies.

Dated this *Fourteenth* day of *January* 1999

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

KEN DONALD
CHAIRMAN