

Statement of Principles
concerning

ANXIETY DISORDER

No. 101 of 2007

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning anxiety disorder No. 101 of 2007.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 1 of 2000 concerning anxiety disorder; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **anxiety disorder** and **death from anxiety disorder**.
 - (b) For the purposes of this Statement of Principles, "**anxiety disorder**" means generalised anxiety disorder; anxiety disorder due to a general medical condition; or anxiety disorder not otherwise specified; and

"generalised anxiety disorder" means a psychiatric disorder (derived from DSM-IV-TR) with the following features:

- A. Excessive anxiety and worry (apprehensive expectation), which occur on more days than not for a continuous period of at least six months, about a number of events or activities; and
- B. The person finds it difficult to control the worry; and
- C. The anxiety and worry are associated with three or more of the following six symptoms, with at least some symptoms present for more days than not during the previous six month period:
 - (1) restlessness or feeling keyed up or on edge
 - (2) being easily fatigued
 - (3) difficulty concentrating or mind going blank
 - (4) irritability
 - (5) muscle tension
 - (6) difficulty falling or staying asleep, or restless unsatisfying sleep; and
- D. The focus of the anxiety and worry is not confined to features of any other Axis I disorder; and
- E. The anxiety, worry, or physical symptoms (as described in C. above) cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
- F. The anxiety and worry are not due to the direct physiological effects of a substance or a general medical condition and do not occur exclusively during a mood disorder, a psychotic disorder, or a pervasive developmental disorder;

"anxiety disorder due to a general medical condition" means a psychiatric disorder (derived from DSM-IV-TR) where:

- A. Prominent anxiety, panic attacks, obsessions or compulsions predominate in the clinical picture; and

- B. There is evidence from the history, physical examination, or laboratory findings that the anxiety, panic attacks, obsessions or compulsions are the direct physiological consequence of a general medical condition; and
- C. The anxiety, panic attacks, obsessions or compulsions are not better accounted for by another mental disorder; and
- D. The anxiety, panic attacks, obsessions or compulsions do not occur exclusively during the course of a delirium; and
- E. The anxiety, panic attacks, obsessions or compulsions cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; and

"anxiety disorder not otherwise specified" means a psychiatric disorder (derived from DSM-IV-TR) with prominent anxiety or phobic avoidance that does not meet criteria for any specific anxiety disorder, adjustment disorder with anxiety, or adjustment disorder with mixed anxiety and depressed mood.

This definition of anxiety disorder excludes the other anxiety spectrum disorders: posttraumatic stress disorder, acute stress disorder, phobia, obsessive-compulsive disorder, adjustment disorder with anxiety, panic disorder and agoraphobia.

- (c) Anxiety disorder attracts ICD-10-AM code F06.4, F41.1 or F41.9.
- (d) In the application of this Statement of Principles, the definition of **"anxiety disorder"** is that given at paragraph 3(b) above.

Basis for determining the factors

- 4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **anxiety disorder** and **death from anxiety disorder** 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **anxiety disorder** or **death from anxiety disorder** with the circumstances of a person's relevant service is:

- (a) for generalised anxiety disorder or anxiety disorder not otherwise specified only:
 - (i) being a prisoner of war before the clinical onset of anxiety disorder; or
 - (ii) experiencing a category 1A stressor within the five years before the clinical onset of anxiety disorder; or
 - (iii) experiencing a category 1B stressor within the five years before the clinical onset of anxiety disorder; or
 - (iv) having a significant other who experiences a category 1A stressor within the two years before the clinical onset of anxiety disorder; or
 - (v) experiencing a category 2 stressor within the one year before the clinical onset of anxiety disorder; or
 - (vi) having a clinically significant psychiatric condition within the ten years before the clinical onset of anxiety disorder; or
 - (vii) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the five years before the clinical onset of anxiety disorder; or
 - (viii) having epilepsy at the time of the clinical onset of anxiety disorder; or
 - (ix) having chronic pain of at least three months duration at the time of the clinical onset of anxiety disorder; or

- (x) experiencing the death of a significant other within the two years before the clinical onset of anxiety disorder; or
- (b) for anxiety disorder due to a general medical condition only, having an endocrine, cardiovascular, respiratory, metabolic, infectious, or neurological disorder, where the general medical condition is a direct physiological cause of the anxiety at the time of the clinical onset of anxiety disorder; or
- (c) for generalised anxiety disorder or anxiety disorder not otherwise specified only:
 - (i) experiencing a category 1A stressor within the five years before the clinical worsening of anxiety disorder; or
 - (ii) experiencing a category 1B stressor within the five years before the clinical worsening of anxiety disorder; or
 - (iii) having a significant other who experiences a category 1A stressor within the two years before the clinical worsening of anxiety disorder; or
 - (iv) experiencing a category 2 stressor within the one year before the clinical worsening of anxiety disorder; or
 - (v) having a clinically significant psychiatric condition within the ten years before the clinical worsening of anxiety disorder; or
 - (vi) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the five years before the clinical worsening of anxiety disorder; or
 - (vii) having epilepsy at the time of the clinical worsening of anxiety disorder; or
 - (viii) having chronic pain of at least three months duration at the time of the clinical worsening of anxiety disorder; or
 - (ix) experiencing the death of a significant other within the two years before the clinical worsening of anxiety disorder; or
- (d) having a medical condition as specified at the time of the clinical worsening of anxiety disorder; or

- (e) inability to obtain appropriate clinical management for anxiety disorder.

Factors that apply only to material contribution or aggravation

- 7. Paragraphs **6(c) to 6(e)** apply only to material contribution to, or aggravation of, anxiety disorder where the person's anxiety disorder was suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

- 8. 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 as in force from time to time.

Other definitions

- 9. For the purposes of this Statement of Principles:

"a category 1A stressor" means one or more of the following severe traumatic events:

- (a) experiencing a life-threatening event;
- (b) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured;

"a category 1B stressor" means one of the following severe traumatic events:

- (a) being an eyewitness to a person being killed or critically injured;
- (b) viewing corpses or critically injured casualties as an eyewitness;
- (c) being an eyewitness to atrocities inflicted on another person or persons;
- (d) killing or maiming a person; or
- (e) being an eyewitness to or participating in, the clearance of critically injured casualties;

"a category 2 stressor" means one or more of the following negative life events, the effects of which are chronic in nature and cause the person to feel on-going distress, concern or worry:

- (a) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
- (b) experiencing a problem with a long-term relationship including: the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation, or divorce;
- (c) having concerns in the work or school environment including: on-going disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful work loads, or experiencing bullying in the workplace or school environment;
- (d) experiencing serious legal issues including: being detained or held in custody, on-going involvement with the police concerning violations of the law, or court appearances associated with personal legal problems;
- (e) having severe financial hardship including: loss of employment, long periods of unemployment, foreclosure on a property, or bankruptcy;
- (f) having a family member or significant other experience a major deterioration in their health; or
- (g) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability;

"a clinically significant psychiatric condition" means any Axis 1 disorder of mental health that attracts a diagnosis under DSM-IV-TR which is sufficient to warrant ongoing management, which may involve regular visits (for example, at least monthly), to a psychiatrist, clinical psychologist or general practitioner;

"a medical condition as specified" means an endocrine, cardiovascular, respiratory, metabolic, infectious, or neurological condition, that causes symptoms consistent with anxiety, panic attacks, obsessions or compulsions, as a direct physiological consequence of the condition;

"a significant other" means a person who has a close family bond or a close personal relationship and is important or influential in one's life;

"an eyewitness" means a person who observes an incident first hand and can give direct evidence of it. This excludes a person exposed only to media coverage of the incident;

"chronic pain" means continuous or almost continuous pain, which may or may not be ameliorated by analgesic medication and which is of a level to cause interference with usual work or leisure activities or activities of daily living;

"death from anxiety disorder" in relation to a person includes death from a terminal event or condition that was contributed to by the person's anxiety disorder;

"DSM-IV-TR" means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

"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), Fifth Edition, effective date of 1 July 2006, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 772 3;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

"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;

"the general medical condition is a direct physiological cause of the anxiety" means one or more of the general medical condition's signs or symptoms present as signs or symptoms of anxiety, panic, obsessions or compulsions and are directly related to the pathological process of the general medical condition, and

- (i) the anxiety disorder has a close temporal relationship with the onset or exacerbation of the general medical condition, and the

anxiety disorder developed at the same time or after the onset of the general medical condition;

- (ii) treatment which causes remission of the general medical condition also results in remission of the anxiety symptoms; or
- (iii) features of the anxiety disorder, such as an unusual age of onset, a qualitative difference in symptoms, or disproportionately severe or unusual symptoms, are inconsistent with a primary diagnosis of any of the anxiety spectrum disorders.

Application

- 10. This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 11. This Instrument takes effect from 19 September 2007.

Dated this *fifth* day of *September* 2007

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

KEN DONALD
CHAIRPERSON