Statement of Principles
concerning

TRIGEMINAL NEURALGIA
No. 55 of 2009

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 trigeminal neuralgia No. 55 of 2009.

Determination
2. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 24 of 1995 concerning trigeminal neuralgia; and
   (b) determines in its place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about trigeminal neuralgia and death from trigeminal neuralgia.
   (b) For the purposes of this Statement of Principles, "trigeminal neuralgia" means a clinical syndrome of facial pain characterised by paroxysmal attacks of intense, sharp, superficial or stabbing pain lasting from a fraction of one second to two minutes, affecting one or more divisions of the trigeminal nerve, in which attacks may be precipitated from trigger areas or by trigger factors and which are stereotyped in the individual. This definition excludes other trigeminal orofacial neuropathic pain syndromes, including atypical facial pain; trigeminal autonomic cephalalgias; cluster headache; persistent idiopathic facial pain (atypical facial
pain); dental or periodontal pain; and post-herpetic trigeminal facial pain. This condition is also known as Tic Douloureux.

Basis for determining the factors

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that trigeminal neuralgia and death from trigeminal neuralgia can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, trigeminal neuralgia or death from trigeminal neuralgia is connected with the circumstances of a person’s relevant service is:

   (a) having multiple sclerosis at the time of the clinical onset of trigeminal neuralgia; or

   (b) having a mass lesion which compresses, displaces or infiltrates the affected trigeminal nerve root close to its point of entry into the brainstem, at the time of the clinical onset of trigeminal neuralgia; or

   (c) having a cerebrovascular accident within the four weeks before the clinical onset of trigeminal neuralgia; or

   (d) having a benign osseous lesion that compresses or displaces the affected trigeminal nerve root close to its point of entry into the brainstem, at the time of the clinical onset of trigeminal neuralgia; or

   (e) having a localised infection from the specified list that compresses or displaces the affected trigeminal nerve root close to its point of entry into the brainstem, at the time of the clinical onset of trigeminal neuralgia; or

   (f) having multiple sclerosis at the time of the clinical worsening of trigeminal neuralgia; or
(g) having a mass lesion which compresses, displaces or infiltrates the affected trigeminal nerve root close to its point of entry into the brainstem, at the time of the clinical worsening of trigeminal neuralgia; or

(h) having a cerebrovascular accident within the four weeks before the clinical worsening of trigeminal neuralgia; or

(i) having a benign osseous lesion that compresses or displaces the affected trigeminal nerve root close to its point of entry into the brainstem, at the time of the clinical worsening of trigeminal neuralgia; or

(j) having a localised infection from the specified list that compresses or displaces the affected trigeminal nerve root close to its point of entry into the brainstem, at the time of the clinical worsening of trigeminal neuralgia; or

(k) inability to obtain appropriate clinical management for trigeminal neuralgia.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(f) to 6(k) apply only to material contribution to, or aggravation of, trigeminal neuralgia where the person’s trigeminal neuralgia 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 benign osseous lesion" means a non-malignant disease of the bone, such as Paget's disease, osteogenesis imperfecta or fibrous dysplasia;

"a mass lesion" means an endogenous pathological structure or extraneous material. This definition includes benign or malignant neoplasm, abscess, amyloidoma, neurocysticercosis, arachnoid cyst, or tortuous or aberrant loop of arteries or veins;
"a localised infection from the specified list" means:
(a) mastoiditis;
(b) meningitis;
(c) odontogenic infection;
(d) osteomyelitis;
(e) otitis media;
(f) periodontitis; or
(g) sinusitis;

"death from trigeminal neuralgia" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s trigeminal neuralgia;

"relevant service" means:
(a) eligible war service (other than operational service) under the VEA; or
(b) defence service (other than hazardous service) under the VEA; or
(c) peacetime 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.

Application
10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.
Date of effect

11. This Instrument takes effect from 2 September 2009.

Dated this nineteenth day of August 2009

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

KEN DONALD
CHAIRPERSON