



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

PERIODIC LIMB MOVEMENT DISORDER

No. 26 of 2014

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 periodic limb movement disorder No. 26 of 2014.

Determination

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

Kind of injury, disease or death

3. (a) This Statement of Principles is about **periodic limb movement disorder** and **death from periodic limb movement disorder**.
(b) For the purposes of this Statement of Principles, "**periodic limb movement disorder**" means a disorder characterised by periodic episodes of repetitive, jerking limb movements occurring at a frequency of at least 15 per hour during sleep, and confirmed by polysomnography. Periodic limb movements in sleep must be accompanied by clinical sleep disturbance, such as difficulty with sleep initiation or sleep maintenance, or unrefreshing sleep or a complaint of daytime fatigue. This definition excludes periodic limb movements in sleep associated with another current sleep disorder, such as restless legs syndrome, sleep apnoea and narcolepsy.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **periodic limb movement disorder** and **death from periodic limb movement 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 **periodic limb movement disorder** or **death from periodic limb movement disorder** with the circumstances of a person's relevant service is:
 - (a) having iron deficiency at the time of the clinical onset of periodic limb movement disorder; or
 - (b) having chronic renal failure at the time of the clinical onset of periodic limb movement disorder; or
 - (c) having radiculopathy or peripheral neuropathy, involving the lower limbs, at the time of the clinical onset of periodic limb movement disorder; or
 - (d) having a spinal cord lesion at the time of the clinical onset of periodic limb movement disorder; or
 - (e) being treated with a drug or a drug from a class of drugs from the specified list, which cannot be ceased or substituted, at the time of the clinical onset of periodic limb movement disorder; or
 - (f) having a specified neurological disorder at the time of the clinical onset of periodic limb movement disorder; or
 - (g) having a clinically significant psychiatric condition as specified at the time of the clinical onset of periodic limb movement disorder; or
 - (h) drinking at least three cups of caffeinated coffee daily at the time of the clinical onset of periodic limb movement disorder; or
 - (i) having iron deficiency at the time of the clinical worsening of periodic limb movement disorder; or
 - (j) having chronic renal failure at the time of the clinical worsening of periodic limb movement disorder; or
 - (k) having radiculopathy or peripheral neuropathy, involving the lower limbs, at the time of the clinical worsening of periodic limb movement disorder; or

- (l) having a spinal cord lesion at the time of the clinical worsening of periodic limb movement disorder; or
- (m) being treated with a drug or a drug from a class of drugs from the specified list, which cannot be ceased or substituted, at the time of the clinical worsening of periodic limb movement disorder; or
- (n) having a specified neurological disorder at the time of the clinical worsening of periodic limb movement disorder; or
- (o) having a clinically significant psychiatric condition as specified at the time of the clinical worsening of periodic limb movement disorder; or
- (p) drinking at least three cups of caffeinated coffee daily at the time of the clinical worsening of periodic limb movement disorder; or
- (q) inability to obtain appropriate clinical management for periodic limb movement disorder.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(i) to 6(q)** apply only to material contribution to, or aggravation of, periodic limb movement disorder where the person's periodic limb movement 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 clinically significant psychiatric condition as specified" means one of the following disorders of mental health, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner:

- (a) generalised anxiety disorder;
- (b) major depressive disorder;
- (c) panic disorder;
- (d) persistent depressive disorder; or
- (e) posttraumatic stress disorder;

"a drug or a drug from a class of drugs from the specified list" means:

- (a) olanzapine;
- (b) risperidone;
- (c) selective serotonin re-uptake inhibitors, including citalopram, escitalopram, fluoxetine, paroxetine and sertraline;
- (d) typical antipsychotics; or
- (e) venlafaxine;

"a specified neurological disorder" means:

- (a) cerebrovascular accident; or
- (b) moderate to severe traumatic brain injury;

"chronic renal failure" means having a glomerular filtration rate of less than 60 mL/min/1.73 m² for a period of at least three months, or the presence of irreversible kidney damage;

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

"iron deficiency" means having a serum ferritin level of less than 20 micrograms per litre;

"radiculopathy" means a disease of the nerve roots resulting in symptoms of weakness, pain or loss of sensation;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) 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.

Date of effect

10. This Instrument takes effect from 26 March 2014.

Dated this **fourteenth** day of **March** 2014

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON