

Amendment Statement of Principles

concerning

**PANIC DISORDER**

**No. 101 of 2016**

for the purposes of the

*Veterans’ Entitlements Act 1986*

and

*Military Rehabilitation and Compensation Act 2004*

1. This Instrument may be cited as Amendment Statement of Principles concerning panic disorder No. 101 of 2016.
2. The Repatriation Medical Authority amends, under subsection 196B(8) of the *Veterans’ Entitlements Act 1986*,Statement of Principles concerning panic disorder Instrument No. 68 of 2009 by:
3. Replacing the definition of "panic disorder" in clause 3(b) as follows:

"(b) For the purposes of this Statement of Principles, **"panic disorder"** means a psychiatric condition meeting the following diagnostic criteria (derived from DSM-5):

1. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:

Note: The abrupt surge can occur from a calm state or an anxious state.

* 1. palpitations, pounding heart, or accelerated heart rate;
  2. sweating;
  3. trembling or shaking;
  4. sensations of shortness of breath or smothering;
  5. feelings of choking;
  6. chest pain or discomfort;
  7. nausea or abdominal distress;
  8. feeling dizzy, unsteady, light-headed or faint;
  9. chills or heat sensations;
  10. paraesthesias (numbness or tingling sensations);
  11. derealisation (feelings of unreality) or depersonalisation (being detached from oneself);
  12. fear of losing control or "going crazy"; or
  13. fear of dying.

Note:Culture-specific symptoms (for example, tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms;

1. At least one of the attacks has been followed by one month (or more) of one or both of the following:
   * + 1. persistent concern or worry about additional panic attacks or their consequences (for example, losing control, having a heart attack, "going crazy");
       2. a significant maladaptive change in behaviour related to the attacks (for example, behaviours designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations);
2. The disturbance is not attributable to the physiological effects of a substance (for example, a drug of abuse, a medication) or another medical condition (for example, hyperthyroidism, cardiopulmonary disorders); and
3. The disturbance is not better explained by another mental disorder (for example, the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as in obsessive-compulsive disorder; in response to reminders of traumatic events, as in posttraumatic stress disorder; or in response to separation from attachment figures, as in separation anxiety disorder)."; and
4. Replacing existing factors (e) and (l) in clause 6 as follows:

"(e) having a clinically significant disorder of mental health from Specified List 1 at the time of the clinical onset of panic disorder; or";

"(l) having a clinically significant disorder of mental health from Specified List 2 at the time of the clinical worsening of panic disorder; or"; and

1. Replacing the definitions of "ICD-10-AM code" and "relevant service" in clause 9 as follows:

'**"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, Tenth Revision, Australian Modification (ICD-10-AM), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978 1 76007 020 5;';

'**"relevant service"** means:

1. operational service under the VEA;
2. peacekeeping service under the VEA;
3. hazardous service under the VEA;
4. British nuclear test defence service under the VEA;
5. warlike service under the MRCA; or
6. non-warlike service under the MRCA;'; and
7. Inserting the following definitions in clause 9 in alphabetical order:

'**"a clinically significant disorder of mental health from Specified List 1"** means one of the following conditions, 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:

1. acute stress disorder;
2. agoraphobia;
3. alcohol use disorder;
4. anxiety disorder;
5. bipolar disorder;
6. depressive disorder;
7. eating disorder;
8. obsessive-compulsive disorder;
9. personality disorder (restricted to avoidant personality disorder, borderline personality disorder, dependent personality disorder, histrionic personality disorder and obsessive-compulsive personality disorder);
10. posttraumatic stress disorder;
11. schizophrenia;
12. social anxiety disorder;
13. specific phobia; or
14. substance use disorder;';

'**"a clinically significant disorder of mental health from Specified List 2"** means one of the following conditions, 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:

1. acute stress disorder;
2. agoraphobia;
3. alcohol use disorder;
4. anxiety disorder;
5. bipolar disorder;
6. depressive disorder;
7. eating disorder;
8. obsessive-compulsive disorder;
9. posttraumatic stress disorder;
10. schizophrenia;
11. social anxiety disorder;
12. specific phobia; or
13. substance use disorder;';

'**"DSM-5"** means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013;'; and

1. Deleting the definitions of "a clinically significant psychiatric condition from specified list 1", "a clinically significant psychiatric condition from specified list 2", "DSM-IV-TR", "obsessive-compulsive disorder", "panic attack", "phobic anxiety" and "substance-induced anxiety disorder" in clause 9.
2. The amendments made by this instrument apply to all matters to which Instrument No. 68 of 2009, section 120A of the *Veterans’ Entitlements Act 1986* and section 338 of the *Military Rehabilitation and Compensation Act 2004* apply.
3. The amendments made by this instrument take effect from 28 November 2016.

Dated this twenty-eighth day of October 2016

The Common Seal of the )

Repatriation Medical Authority )

was affixed to this instrument )

at the direction of: )

PROFESSOR NICHOLAS SAUNDERS AO

CHAIRPERSON