Amendment Statement of Principles concerning

PANIC DISORDER

No. 102 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. 102 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. 69 of 2009 by:

(A) 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):

A. 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.

(i) palpitations, pounding heart, or accelerated heart rate;
(ii) sweating;
(iii) trembling or shaking;
(iv) sensations of shortness of breath or smothering;
(v) feelings of choking;
(vi) chest pain or discomfort;
(vii) nausea or abdominal distress;
(viii) feeling dizzy, unsteady, light-headed or faint;
(ix) chills or heat sensations;
(x) paraesthesias (numbness or tingling sensations);
(xi) derealisation (feelings of unreality) or depersonalisation 
    (being detached from oneself);
(xii) fear of losing control or "going crazy"; or
(xiii) 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;

B. At least one of the attacks has been followed by one month (or 
more) of one or both of the following:
   (i) persistent concern or worry about additional panic attacks 
       or their consequences (for example, losing control, having 
       a heart attack, "going crazy").
   (ii) 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);

C. 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

D. 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

(B) Replacing existing factors (e) and (k) 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"

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

(C) 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
"relevant service" means:
(a) eligible war service (other than operational service) under the VEA;
(b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
(c) peacetime service under the MRCA; and

(D) 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:

(a) acute stress disorder;
(b) agoraphobia;
(c) alcohol use disorder;
(d) anxiety disorder;
(e) bipolar disorder;
(f) depressive disorder;
(g) eating disorder;
(h) obsessive-compulsive disorder;
(i) personality disorder (restricted to avoidant personality disorder, borderline personality disorder, dependent personality disorder, histrionic personality disorder and obsessive-compulsive personality disorder);
(j) posttraumatic stress disorder;
(k) schizophrenia;
(l) social anxiety disorder;
(m) specific phobia; or
(n) 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:

(a) acute stress disorder;
(b) agoraphobia;
(c) alcohol use disorder;
(d) anxiety disorder;
(e) bipolar disorder;
(f) depressive disorder;
(g) eating disorder;
(h) obsessive-compulsive disorder;
(i) posttraumatic stress disorder;
(j) schizophrenia;
(k) social anxiety disorder;
(l) specific phobia; or
(m) 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

(E) 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.

3. The amendments made by this instrument apply to all matters to which Instrument No. 69 of 2009, section 120B of the Veterans’ Entitlements Act 1986 and section 339 of the Military Rehabilitation and Compensation Act 2004 apply.

4. 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