



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**ACCOMMODATION DISORDER**  
**(Reasonable Hypothesis)**  
**(No. 38 of 2017)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 30 June 2017

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'Nicholas Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *accommodation disorder (Reasonable Hypothesis)* (No. 38 of 2017).

**2 Commencement**

This instrument commences on 31 July 2017.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Revocation**

The Statement of Principles concerning accommodation disorder No. 5 of 2009 made under subsection 196B(2) of the VEA is revoked.

**5 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about accommodation disorder and death from accommodation disorder.

*Meaning of accommodation disorder*

- (2) For the purposes of this Statement of Principles, accommodation disorder means:
  - (a) the inability to adjust the lens of the eye to various distances or an inability to sustain such an adjustment; and
  - (b) excludes processes primarily affecting the lens (presbyopia and cataract) or shape of the eyeball (myopia, hypermetropia, astigmatism), accommodative excess, and reversible paralysis of ciliary muscle function by means of pharmacological agents, except where such agents cannot be ceased or substituted.
- (3) While accommodation disorder attracts ICD-10-AM code H52.5, in applying this Statement of Principles the meaning of accommodation disorder is that given in subsection (2).

- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code 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.

*Death from accommodation disorder*

- (5) For the purposes of this Statement of Principles, accommodation disorder, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's accommodation disorder.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

## **8 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that accommodation disorder and death from accommodation 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 MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

## **9 Factors that must exist**

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting accommodation disorder or death from accommodation disorder with the circumstances of a person's relevant service:

- (1) having an injury or disorder affecting the function of the oculomotor nerve or ciliary muscle of the affected eye, at the time of the clinical onset of accommodation disorder;

Note: *an injury or disorder affecting the function of the oculomotor nerve or ciliary muscle* is defined in the Schedule 1 - Dictionary.

- (2) having concussion at the time of the clinical onset of accommodation disorder;
- (3) having moderate to severe traumatic brain injury at the time of the clinical onset of accommodation disorder;
- (4) being treated with atropine or an atropine-like drug, where the drug cannot be ceased or substituted, at the time of the clinical onset of accommodation disorder;

Note: *atropine-like drug* is defined in the Schedule 1 - Dictionary.

- (5) being treated with a drug, or a drug from a class of drugs, from the specified list of drugs, where the drug cannot be ceased or substituted, at the time of the clinical onset of accommodation disorder;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (6) having an injury or disorder affecting the function of the oculomotor nerve or ciliary muscle of the affected eye, at the time of the clinical worsening of accommodation disorder;

Note: *an injury or disorder affecting the function of the oculomotor nerve or ciliary muscle* is defined in the Schedule 1 - Dictionary.

- (7) having concussion at the time of the clinical worsening of accommodation disorder;

- (8) having moderate to severe traumatic brain injury at the time of the clinical worsening of accommodation disorder;

- (9) being treated with atropine or an atropine-like drug, where the drug cannot be ceased or substituted, at the time of the clinical worsening of accommodation disorder;

Note: *atropine-like drug* is defined in the Schedule 1 - Dictionary.

- (10) being treated with a drug, or a drug from a class of drugs, from the specified list of drugs, where the drug cannot be ceased or substituted, at the time of the clinical worsening of accommodation disorder;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (11) inability to obtain appropriate clinical management for accommodation disorder.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 9(6) to 9(11) apply only to material contribution to, or aggravation of, accommodation disorder where the person's accommodation disorder was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **11 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

**accommodation disorder**—see subsection 7(2).

**an injury or disorder affecting the function of the oculomotor nerve or ciliary muscle** means any pathological process affecting:

- (a) the brain stem or the oculomotor nerve anywhere along its course (including the oculomotor nucleus, fascicles, subarachnoid space, cavernous sinus or orbit) that leads to a disturbance in the oculomotor nerve function; or
- (b) ciliary muscle function;

and causing impairment of accommodation.

**atropine-like drug** means a drug having properties similar to atropine (that is, antagonising the effects of acetylcholine at parasympathetic nerve endings).

Note 1: Examples of atropine-like drugs include antispasmodic agents (for example, scopolamine), drugs used to treat overactive bladder (for example, oxybutynin), eye drops used to facilitate examination of the fundus of the eye (for example, cyclopentolate), antipsychotic agents (for example, chlorpromazine, haloperidol, clozapine), tricyclic antidepressants (for example, amitriptyline, doxepin), sedative antihistamines (for example, clemastine, diphenhydramine), the anti-depressant maprotiline, and the anti-Parkinson medications benztropine, biperiden, procyclidine and trihexyphenidyl.

Note 2: Typical symptoms and signs of atropine-like drugs are dry mouth, blurred vision, sensitivity to light, dilated pupils, lack of sweating, and rapid heartbeat.

**MRCA** means the *Military Rehabilitation and Compensation Act 2004*.

**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.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

**specified list of drugs** means:

- (a) amfepramone;
- (b) benzodiazepines, including alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flurazepam, lorazepam, midazolam, oxazepam, temazepam, triazolam;
- (c) benzylpenicillin;
- (d) bethanechol;

- (e) carbachol;
- (f) carbamazepine;
- (g) carisoprodol;
- (h) chloroquine;
- (i) corticosteroids;
- (j) diethylstilbestrol;
- (k) emetine (ipecac);
- (l) glibenclamide;
- (m) hydroxychloroquine;
- (n) isoniazid;
- (o) lithium;
- (p) meprobamate;
- (q) methacholine, systemic administration only;
- (r) nalidixic acid;
- (s) pentazocine;
- (t) phendimetrazine;
- (u) phenoxymethylpenicillin;
- (v) phentermine;
- (w) phenytoin;
- (x) pilocarpine;
- (y) piperazine;
- (z) telithromycin; or
- (aa) thiazide and related diuretics, including bendroflumethiazide, chlorothiazide, chlortalidone, hydrochlorothiazide, hydroflumethiazide, indapamide, methyclothiazide, metolazone, polythiazide, trichlormethizide.

***terminal event*** means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

***VEA*** means the *Veterans' Entitlements Act 1986*.