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

Dated 22 December 2017

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

Professor Nicholas Saunders AO
Chairperson
1 Name

This is the Statement of Principles concerning *migraine (Reasonable Hypothesis)* (No. 7 of 2018).

2 Commencement

This instrument commences on 29 January 2018.

3 Authority

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

4 Revocation

The Statement of Principles concerning migraine No. 56 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 migraine and death from migraine.

*Meaning of migraine*

(2) For the purposes of this Statement of Principles, migraine:

(a) means a condition which is characterised by recurrent episodes of headache that are most often unilateral, pulsatile, periodic and disabling, lasting 4 to 72 hours; and

(b) excludes cluster headache, tension-type headache, headache attributable to structural abnormalities or inflammatory disorders of the head and neck, and headache attributable to systemic disease.

Note 1: Typically, the headache is aggravated by routine physical activity, and may be accompanied by nausea, photophobia and phonophobia.

Note 2: Some patients may experience visual or sensory symptoms, collectively known as an aura, that arise most often before the head pain, but can also occur during or afterward. Most commonly, the aura consists of visual manifestations, such as scotomas,
photophobia, or visual scintillations (for example, bright zigzag lines). The head pain may also be associated with weakness (hemiplegic migraine).

(3) While migraine attracts ICD-10-AM code G43, in applying this Statement of Principles the meaning of migraine is that given in subsection (2).


*Death from migraine*

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

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 migraine and death from migraine 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: *MRCA*, *relevant service* and *VEA* are 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 migraine or death from migraine with the circumstances of a person’s relevant service:

(1) undergoing treatment with a nitric oxide donor, at the time of the clinical onset of migraine;

Note: *nitric oxide donor* is defined in the Schedule 1 - Dictionary.

(2) having severe and persistent asthma within the five years before the clinical onset of migraine;

Note: *severe and persistent asthma* is defined in the Schedule 1 - Dictionary.

(3) undergoing treatment with a nitric oxide donor, at the time of the clinical worsening of migraine;

Note: *clinical worsening of migraine* and *nitric oxide donor* are defined in the Schedule 1 - Dictionary.
(4) having severe and persistent asthma within the five years before the clinical worsening of migraine;

Note: clinical worsening of migraine and severe and persistent asthma are defined in the Schedule 1 - Dictionary.

(5) being obese for at least the five years before the clinical worsening of migraine;

Note: being obese and clinical worsening of migraine are defined in the Schedule 1 - Dictionary.

(6) inability to obtain appropriate clinical management for migraine.

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(3) to 9(6) apply only to material contribution to, or aggravation of, migraine where the person's migraine 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:

*being obese* means having a Body Mass Index (BMI) of 30 or greater.

Note: *BMI* is also defined in the Schedule 1 - Dictionary.

*BMI* means W/H² where:

W is the person's weight in kilograms; and

H is the person's height in metres.

*chronic migraine* means a headache occurring on at least 15 days per month for more than three months, and:

(a) on eight or more days per month has the features of migraine headache (with or without aura); and

(b) has occurred in a patient who has had at least five previous attacks of migraine headache.

*clinical worsening of migraine* means a change in the nature of the migraine resulting in one or more of the following:

(a) attacks of migraine that are increased in frequency by a factor of two-fold or more;

(b) attacks of migraine that are increased in severity with debilitating, long-lasting symptoms including nausea, vomiting, photophobia or phonophobia;

(c) a conversion from episodic to chronic migraine;

(d) an increase in the requirement for hospitalisation for management of the manifestations or complications of migraine; or

(e) an episode of severe migraine resulting in status migrainosus, cerebral infarct, seizure or death.

Note: *chronic migraine* is also defined in the Schedule 1 - Dictionary.

*migraine*—see subsection 7(2).

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

*nitric oxide donor* means a pharmacologically active substance that releases nitric oxide *in vivo* or *in vitro* and includes amyl nitrate, glyceryl nitrate, isosorbide mononitrate, isosorbide dinitrate, sodium nitroprusside, mannitol hexanitrate and nitrous oxide.

*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.

**severe and persistent asthma** means asthma having any of the following specified characteristics, alone or in combination, for a cumulative period of at least six months within a continuous one year period:

(a) FEV1 (forced expiratory volume in one second) of 60% or less of expected value;
(b) wheeze, tightness, cough, dyspnoea or other symptoms occurring throughout each day;
(c) frequent flare-ups;
(d) the presence of night-time symptoms on more than one night per week; or
(e) symptoms frequently restrict activity or sleep.

**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*. 