

Statement of Principles concerning PERIODIC LIMB MOVEMENT DISORDER (Balance of Probabilities)

(No. 20 of 2023)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 27 February 2023.

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

Professor Terence Campbell AM Chairperson

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1 Name

This is the Statement of Principles concerning *periodic limb movement disorder (Balance of Probabilities)* (No. 20 of 2023).

2 Commencement

This instrument commences on 27 March 2023.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Repeal

The Statement of Principles concerning periodic limb movement disorder No. 27 of 2014 (Federal Register of Legislation No. F2014L00314) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 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 periodic limb movement disorder and death from periodic limb movement disorder.

Meaning of periodic limb movement disorder

- (2) For the purposes of this Statement of Principles, periodic limb movement disorder:
 - (a) means a sleep disorder in which excessive periodic limb movements of sleep are accompanied by a clinical sleep disturbance and impaired daytime behavioural, social, physical or occupational functioning; and
 - (b) the clinical features are not better explained by another primary sleep disorder; and
 - (c) excludes periodic limb movements of sleep which are not accompanied by a clinical sleep disturbance or impaired daytime functioning.

- Note 1: Clinical sleep disturbance is characterised by difficulty with sleep initiation or sleep maintenance, or unrefreshing sleep.
- Note 2: The diagnosis is confirmed by overnight polysomnography (PSG) showing periodic limb movements occurring at a frequency of at least 15 per hour during sleep in adults.
- Note 3: Examples of other primary sleep disorders include restless legs syndrome, obstructive sleep apnoea, rapid eye movement sleep behaviour disorder and narcolepsy.

Note 4: *periodic limb movements of sleep* is defined in the Schedule 1 – Dictionary.

- (3) While periodic limb movement disorder attracts ICD-10-AM code G47.61, in applying this Statement of Principles the meaning of periodic limb movement 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), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from periodic limb movement disorder

(5) For the purposes of this Statement of Principles, 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.

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

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that periodic limb movement disorder and death from periodic limb movement disorder can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, periodic limb movement disorder or death from periodic limb movement disorder is connected with the circumstances of a person's relevant service:

(1) having chronic renal failure at the time of the clinical onset of periodic limb movement disorder;

Note: chronic renal failure is defined in the Schedule 1 - Dictionary

(2) having a spinal cord lesion at the time of the clinical onset of periodic limb movement disorder;

Note: Examples of spinal cord lesions include transverse myelitis, trauma or compression of the spine and spondylotic myelopathy.

(3) taking venlafaxine or a selective serotonin reuptake inhibitor as prescribed for ongoing use within the 30 days before the clinical onset of periodic limb movement disorder;

Note: Examples of selective serotonin reuptake inhibitors include citalopram, escitalopram, fluoxetine and sertraline.

(4) having chronic renal failure at the time of the clinical worsening of periodic limb movement disorder;

Note: *chronic renal failure* is defined in the Schedule 1 - Dictionary.

(5) having a spinal cord lesion at the time of the clinical worsening of periodic limb movement disorder;

Note: Examples of spinal cord lesions include transverse myelitis, trauma or compression of the spine and spondylotic myelopathy.

(6) taking venlafaxine or a selective serotonin reuptake inhibitor as prescribed for ongoing use within the 30 days before the clinical worsening of periodic limb movement disorder;

Note: Examples of selective serotonin reuptake inhibitors include citalopram, escitalopram, fluoxetine and sertraline.

(7) inability to obtain appropriate clinical management for periodic limb movement 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(4) to 9(7) 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 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(3) of the VEA;

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

chronic renal failure means:

- (a) having a glomerular filtration rate of less than 15 mL/min/1.73 m² for a period of at least 3 months; or
- (b) a need for renal replacement therapy (dialysis or transplantation) for treatment of complications of decreased glomerular filtration rate which would otherwise increase the risk of morbidity and mortality; or
- (c) undergoing chronic dialysis.

MRCA means the Military Rehabilitation and Compensation Act 2004.

periodic limb movement disorder—see subsection 7(2).

periodic limb movements of sleep are repetitive, stereotyped, involuntary movements of the extremities that occur during sleep. They typically consist of extension of the first toe and dorsiflexion of the ankle, which can also be accompanied by flexion of the knee and hip. The upper extremities may rarely be involved.

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.

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

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.