



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
PERIODIC LIMB MOVEMENT DISORDER
(Reasonable Hypothesis)
(No. 19 of 2023)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) 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 (Reasonable Hypothesis)* (No. 19 of 2023).

2 Commencement

This instrument commences on 27 March 2023.

3 Authority

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

4 Repeal

The Statement of Principles concerning periodic limb movement disorder No. 26 of 2014 (Federal Register of Legislation No. F2014L00313) made under subsection 196B(2) of the VEA is repealed.

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 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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that periodic limb movement disorder and death from periodic limb movement 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: *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 periodic limb movement disorder or death from periodic limb movement disorder 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 a drug from the specified list of drugs:
 - (a) as prescribed for ongoing use; and
 - (b) within the 30 days before the clinical onset of periodic limb movement disorder;

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

- (4) having iron deficiency at the time of the clinical onset of periodic limb movement disorder;

Note: *iron deficiency* is defined in the Schedule 1 – Dictionary.

- (5) having a cerebrovascular accident within the 3 months before the clinical onset of periodic limb movement disorder;
- (6) having moderate to severe traumatic brain injury within the 3 months before the clinical onset of periodic limb movement disorder, and in the case of sustained unconsciousness following injury to the head, the clinical onset of periodic limb movement disorder occurred within 3 months of regaining consciousness;
- (7) having Parkinson's disease at the time of the clinical onset of periodic limb movement disorder;
- (8) having multiple sclerosis at the time of the clinical onset of periodic limb movement disorder;
- (9) having a clinically significant depressive disorder or posttraumatic stress disorder at the time of the clinical onset of periodic limb movement disorder;

Note: *clinically significant* is defined in the Schedule 1 – Dictionary.

- (10) 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.

- (11) 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.

- (12) taking a drug from the specified list of drugs:
 - (a) as prescribed for ongoing use; and
 - (b) within the 30 days before the clinical worsening of periodic limb movement disorder;

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

- (13) having iron deficiency at the time of the clinical worsening of periodic limb movement disorder;

Note: *iron deficiency* is defined in the Schedule 1 – Dictionary.

- (14) having a cerebrovascular accident within the 3 months before the clinical worsening of periodic limb movement disorder;
- (15) having moderate to severe traumatic brain injury within the 3 months before the clinical worsening of periodic limb movement disorder, and in the case of sustained unconsciousness following injury to the head, the clinical worsening of periodic limb movement disorder occurred within 3 months of regaining consciousness;
- (16) having Parkinson's disease at the time of the clinical worsening of periodic limb movement disorder;
- (17) having multiple sclerosis at the time of the clinical worsening of periodic limb movement disorder;
- (18) having a clinically significant depressive disorder or posttraumatic stress disorder at the time of the clinical worsening of periodic limb movement disorder;

Note: *clinically significant* is defined in the Schedule 1 – Dictionary.

- (19) 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(10) to 9(19) 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(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:

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.

clinically significant means sufficient to warrant ongoing management which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner.

Note: To warrant ongoing management does not require that any actual management was received or given for the condition.

iron deficiency means having a serum ferritin level of less than 30 micrograms per litre.

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) 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) mirtazapine;
- (b) olanzapine;
- (c) selective serotonin re-uptake inhibitors including citalopram, escitalopram, fluoxetine and sertraline;
- (d) tricyclic antidepressants including amitriptyline; and
- (e) venlafaxine.

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*.