



Australian Government
Repatriation Medical Authority

**DECLARATION UNDER SUBSECTION 196B(9)
OF THE VETERANS' ENTITLEMENTS ACT 1986**

The Repatriation Medical Authority (the Authority), under subsection 196B(9) of the *Veterans' Entitlements Act 1986* (the Act), makes the following declaration in respect of an investigation to review the contents of the Statements of Principles in force under the Act concerning **cerebrovascular accident**. The investigation related to "anxiety spectrum disorders" and the Notice of Investigation was published in the Government Notices Gazette of 29 April 2009.

The Authority declares that it does not propose to amend the Statements of Principles, Instrument Nos. 51 & 52 of 2006, concerning **cerebrovascular accident** for the reason that the new sound medical-scientific evidence (SMSE) available is not sufficient to justify an amendment to the Statements of Principles already determined in respect of **cerebrovascular accident**.

The investigation identified seven studies concerning the association of anxiety spectrum disorders (anxiety traits/symptoms, panic attacks and posttraumatic stress disorder [PTSD]) with cerebrovascular accident (CVA). One cohort study was identified which reported on panic attacks and fatal and non-fatal CVA incidence. In this study the measure of panic attack symptoms was flawed and the association reported was inconclusive. The study for panic attacks did not identify a statistically significant increase risk for CVA in individuals with panic attack. The new SMSE is consistent with the Authority's previous determination that the available evidence only raises a reasonable hypothesis concerning a causal link between panic disorder and CVA. Therefore, the current factor relating to panic disorder remains unchanged following this investigation.

Two cohort studies focussing on only anxiety traits and anxiety symptoms reported no statistically significant aetiological relationships between anxiety traits/symptoms and CVA incidence. The major limitations of these studies were the measurement of exposures based on self-report and lack of clear anxiety diagnoses. In the studies concerning posttraumatic stress disorder and CVA the findings were inconsistent. Selection bias, inadequate assessment of exposure based on self-report, inadequate assessment of outcome based on self-report, and lack of control for confounding, were all limitations of these studies.

In summary, the studies relating to anxiety traits and symptoms did not identify a statistically significant increased risk for CVA. The PTSD studies reported inconsistent findings and had a number of methodological limitations as outlined above. For these reasons, the Authority considered that the SMSE available does not raise a reasonable hypothesis concerning a causal link between anxiety spectrum disorders and CVA, with the exception of panic disorder as mentioned earlier and is already reflected in the existing Statements of Principles.

The Common Seal of the)
Repatriation Medical Authority)
was affixed in the presence of)



KEN DONALD
CHAIRPERSON 19/08/2009