Australian Government
Repatriation Medical Authority

REPATRIATION MEDICAL AUTHORITY

STATEMENT OF REASONS

REGARDING THE OUTCOME OF THE INVESTIGATION INTO NEW DAILY PERSISTENT HEADACHE

PART I INTRODUCTION

1. The Repatriation Medical Authority (the Authority) has decided not to make a Statement of Principles concerning new daily persistent headache pursuant to 196B(6) of the *Veterans' Entitlements Act 1986* (the Act), following notice of an investigation gazetted on 22 November 2023 in the *Commonwealth of Australia Gazette*.

2. On consideration of the sound medical-scientific evidence (SMSE) available to the Authority concerning new daily persistent headache, the Authority formed the view that the SMSE is insufficient to enable the Authority to determine the causation of new daily persistent headache either on the basis of reasonable hypothesis or balance of probability. The SMSE is therefore insufficient in order to determine Statements of Principles for new daily persistent headache.

PART II BACKGROUND TO THE INVESTIGATION

3. A request for investigation pursuant to subsection 196B(4) of the Act for the purpose of making Statements of Principles for new daily persistent headache was received on 14 June 2023 from a person describing themselves a person eligible to make a claim for compensation under section 319 of the Military Rehabilitation and Compensation Act 2004.

4. The Repatriation Medical Authority, at its meeting on 8 August 2023 decided to issue a Notice of Investigation to determine whether Statements of Principles might be made in respect of new daily persistent headache under section 196G of the Act,

5. The Notice of Investigation was signed by the Chairperson of the Authority on 22 November 2023 and was gazetted in accordance with section 196G of the Act in the *Commonwealth of Australia Gazette* on that same date. Submissions were invited from persons and organisations wishing to make a submission by 23 January 2024.

PART III SUBMISSIONS RECEIVED BY THE AUTHORITY PURSUANT TO SECTION 196F

6. Following notification of its investigation, the Authority did not receive any information from persons or organisations eligible to make submissions pursuant to section 196F of the Act.

PART IV EVIDENCE/INFORMATION AVAILABLE TO THE REPATRIATION MEDICAL AUTHORITY

7. The following information was available to the Authority.

7.1. A literature search conducted using Pubmed for any relevant articles concerning new daily persistent headache. Recent review articles were obtained.

7.2. Medical or scientific publications as set out in the bibliography attached hereto.

7.3. A Briefing paper prepared for presentation to the Authority by a research officer of the Secretariat.

7.4. A discussion paper prepared by the Principal Medical Officer for the August 2023 Repatriation Medical Authority meeting.

7.5. The material from the veteran received on 14 June 2023.

PART V LEGISLATION TO WHICH THE AUTHORITY HAD REGARD

SMSE

Section 5AB of the Act defines SMSE as follows:

"Information about a particular kind of injury, disease or death is taken to be ***sound medical-scientific evidence*** *if:*

(a) the information:

(i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or

(ii) in accordance with generally accepted medical practice, would serve as the basis for the diagnosis and management of a medical condition; and

(b) in the case of information about how that kind of injury, disease or death may be caused - meets the applicable criteria for assessing causation currently applied in the field of epidemiology."

Relationship to Service - Section 196B(14) of the Act, states as follows:

(14) A factor causing, or contributing to, an injury, disease or death is ***related to service*** rendered by a person if:

(a) it resulted from an occurrence that happened while the person was rendering that service; or

(b) it arose out of, or was attributable to, that service; or

(c) it resulted from an accident that occurred while the person was travelling, while rendering that service but otherwise than in the course of duty, on a journey:

(i) to a place for the purpose of performing duty; or

(ii) away from a place of duty upon having ceased to perform duty; or

(d) it was contributed to in a material degree by, or was aggravated by, that service; or

(e) in the case of a factor causing, or contributing to, an injury—it resulted from an accident that would not have occurred:

(i) but for the rendering of that service by the person; or

(ii) but for changes in the person's environment consequent upon his or her having rendered that service; or

(f) in the case of a factor causing, or contributing to, a disease—it would not have occurred:

(i) but for the rendering of that service by the person; or

(ii) but for changes in the person's environment consequent upon his or her having rendered that service; or

(g) in the case of a factor causing, or contributing to, the death of a person—it was due to an accident that would not have occurred, or to a disease that would not have been contracted:

(i) but for the rendering of that service by the person; or

(ii) but for changes in the person's environment consequent upon his or her having rendered that service.

Insufficient Evidence upon Investigation - Section 196B (6) of the Act states:

(6) If, after carrying out the investigation, the Authority is of the view:

(a) that there is no sound medical-scientific evidence on which it can rely to determine a Statement of Principles under subsection (2) or (3) in respect of that kind of injury, disease or death; or

(b) that the sound medical-scientific evidence on which it can rely is insufficient to allow it to do so;

the Authority must make a declaration in writing:

(c) stating that it does not propose to make a Statement of Principles; and

(d) giving the reasons for its decision.

8. The Authority also had regard to sections 196B(2) and 196B(3) of the Act setting out its function to determine Statements of Principles on the basis of Reasonable Hypothesis and/or Balance of Probabilities.

9. The Authority relied upon its expert medical knowledge when considering whether any risk factors were causally associated with new daily persistent headache and if so whether these factors could be related to the service rendered by a person.

PART VI MATERIAL FINDINGS OF FACT AND REASONS FOR DECISION

10. A necessary feature of the diagnosis of new daily persistent headache is that the clinical onset is clearly remembered.

11. New daily persistent headache presents as a daily persistent migraine or tension-type of headache, is disabling and not amenable to treatment.

12. There are no objective diagnostic tests available to diagnose new daily persistent headache.

13. New daily persistent headache is classified as a separate primary headache type by the International Classification of Headache disorders in its 3rd edition (2018), but is not currently classified as a distinct disease in the World Health Organisation's International Classification of Diseases 10 h revision (ICD-10).

14. On balance therefore, and notwithstanding the absence of a diagnostic test, the Authority considers that it is more probable than not that new daily persistent headache is a distinct disease, on the basis of its distinct features.

15. On the basis of the SMSE available to the Authority as part of the investigation, potential risk factors for new daily persistent headache being trauma, psychosocial stressors, psychiatric disorders, infection, cervical spine hypermobility, medications, chemicals, anemia, thyroid disease, myasthenia gravis/cervical stenosis, vascular disease, neoplasm, skin disorder, Valsalva manoeuvre, Intracranial hypotension or hypertension, and low or high cerebrospinal fluid pressure, giant cell/ temporal arteritis, heat stroke and potential aggravating factors psychological stress, bright light, flashing light or glare, loud noise, lack of sleep, or strong smells, were researched.

16. In respect of potential risk factors trauma, psychosocial stressors, psychiatric disorders, infection, cervical spine hypermobility, medications and chemicals, and potential aggravating factors psychological stress, bright light, flashing light or glare, loud noise, lack of sleep, and strong smells the Authority considered that the SMSE is too limited to permit a judgement of a possible causal relationship with new daily persistent headache.

17. In respect of potential risk factors anemia, thyroid disease, myasthenia gravis/cervical stenosis, vascular disease, neoplasm, skin disorder, Valsalva manoeuvre, Intracranial hypotension or hypertension, and low or high cerebrospinal fluid pressure, giant cell/ temporal arteritis and heat stroke the Authority considered that the SMSE is so limited that no firm conclusion can be made as to a possible causal relationship with new daily persistent headache.

18. Accordingly, the Authority considers that there is insufficient SMSE to include any of the researched potential factors as causally associated with new daily persistent headache on either a reasonable hypothesis or balance of probabilities basis.

Conclusion

19. Accordingly the Authority concluded that the SMSE available to it is insufficient to justify the making of Statements of Principles concerning new daily persistent headache on either a reasonable hypothesis or balance of probabilities basis.

PART VII DECISION

20. At its meeting on 6 February 2024 the Authority decided not to make a Statement of Principles in respect of new daily persistent headache for the purposes of subsection (6) of section 196B of the Act as the Authority concluded, for the reasons set out above, that there was insufficient SMSE in order to make Statements of Principles for new daily persistent headache.

Professor Terence Campbell AM
Chairperson
Repatriation Medical Authority

9 February 2024

PART VIII BIBLIOGRAPHY

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