

REVOKED

## Statement of Principles

concerning

# EPILEPSY

ICD CODE: 333.2, 345.0-345.8

Veterans' Entitlements Act 1986  
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **epilepsy** and **death from epilepsy** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping Forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the Act), that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **epilepsy** or **death from epilepsy** with the circumstances of that service, are:
  - (a) psychoactive substance abuse or dependence involving alcohol for the five years immediately before the clinical onset of epilepsy; or
  - (b) suffering from an hypoxic-ischaemic cerebral insult immediately before the clinical onset of epilepsy; or
  - (c) suffering from cerebral trauma before the clinical onset of epilepsy; or

- (d) suffering from at least one of the cerebrovascular diseases from the specified list of cerebrovascular diseases immediately before the clinical onset of epilepsy; or
- (e) suffering from central nervous system (CNS) systemic lupus erythematosus (SLE) immediately before the clinical onset of epilepsy; or
- (f) suffering from an intracranial space-occupying lesion before the clinical onset of epilepsy; or
- (g) suffering from viral encephalitis within the 20 years immediately before the clinical onset of epilepsy; or
- (h) suffering from bacterial meningitis within the 20 years immediately before the clinical onset of epilepsy; or
- (j) suffering from cerebral cysticercosis, cerebral schistosomiasis, cerebral echinococcosis (hydatid cyst disease), cerebral malaria, or cerebral toxoplasmosis before the clinical onset of epilepsy; or
- (k) suffering psychoactive substance abuse or dependence involving alcohol for the five years immediately before the clinical worsening of epilepsy; or
- (m) suffering from an hypoxic-ischaemic cerebral insult immediately before the clinical worsening of epilepsy; or
- (n) suffering from cerebral trauma before the clinical worsening of epilepsy; or
- (o) suffering from at least one of the cerebrovascular diseases from the specified list of cerebrovascular diseases immediately before the clinical worsening of epilepsy; or
- (p) suffering from central nervous system (CNS) systemic lupus erythematosus (SLE) immediately before the clinical worsening of epilepsy; or
- (q) suffering from an intracranial space-occupying lesion before the clinical worsening of epilepsy; or
- (r) suffering from viral encephalitis before the clinical worsening of epilepsy; or

- (s) suffering from bacterial meningitis before the clinical worsening of epilepsy; or
  - (t) suffering from cerebral cysticercosis, cerebral schistosomiasis, cerebral echinococcosis (hydatid cyst disease), cerebral malaria, or cerebral toxoplasmosis before the clinical worsening of epilepsy; or
  - (u) inability to obtain appropriate clinical management for epilepsy.
2. Subject to clause 3 (below) at least one of the factors set out in paragraphs **1(a) to 1(u)** must be related to any service rendered by a person.
  3. The factors set out in paragraphs **1(k) to 1(u)** apply only where:
    - (a) the person's **epilepsy** was suffered or contracted before a period, or part of a period, of service to which the factor is related; and
    - (b) the relationship suggested between the **epilepsy** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act.
  4. For the purposes of this Statement of Principles:

**“bacterial meningitis”** means an inflammatory response to bacterial infection of the pia-arachnoid and the cerebrospinal fluid of the subarachnoid space;

**“cerebral cysticercosis”** means infection of brain parenchyma with encysted larvae of *Taenia solium*, attracting ICD code 123.1;

**“cerebral echinococcosis”** means infection of brain parenchyma with encysted larvae of *Echinococcus granulosus*, *E. multilocularis*, or *E. vogeli*, attracting ICD code 122;

**“cerebral malaria”** means a diffuse symmetric encephalopathy due to infection of brain parenchyma with *Falciparum malaria*, attracting ICD code 084.9;

**“cerebral schistosomiasis”** means infection of brain parenchyma with a parasite of the genus *Schistosoma*, attracting ICD code 120;

**“cerebral toxoplasmosis”** means infection of brain parenchyma with parasite *Toxoplasma gondii*, attracting ICD code 130.0 or 130.8;

**“cerebral trauma”** means:

- (a) any injury to the head that penetrates the dura mater, or
- (b) any head injury that results in skull fracture, or
- (c) any blunt head injury that causes at least 30 minutes loss of consciousness or post-traumatic amnesia, or
- (d) any injury resulting in intracranial haemorrhage, or
- (e) any surgical procedures involving craniotomy;

attracting ICD code 800, 801, 803, 804, or an ICD code in the range 850.1-850.8, or 851-854;

**“central nervous system (CNS) systemic lupus erythematosus (SLE)”** means a chronic, remitting, relapsing inflammatory multisystem disorder of connective tissue of unknown aetiology involving the brain or meninges, attracting ICD code 710.0;

**“epilepsy”** means a group of chronic neurological disorders, attracting ICD code 333.2, or an ICD code in the range 345.0 to 345.8, characterised by chronic, recurrent, paroxysmal changes in neurological function, caused by abnormalities in the electrical activity in the brain, with each episode of neurological dysfunction being termed a seizure, but epilepsy does not include symptomatic and nonrecurrent seizures occurring acutely in response to metabolic or cerebral insult;

**“hypoxic-ischaemic cerebral insult”** means a loss of blood flow to the brain, leading to acute cerebral anoxia, attracting ICD code 348.1 or 997.0;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

**“intracranial space occupying lesion”** means any pathological entity occupying a delimited area within the cranial cavity, attracting ICD code 013.2, 013.3, 191, 192.1, or an ICD code in the range 198.3-198.4, 225.0, 225.2, 237.5, 237.6, 239.6, 324.0, 324.9 or 348.0, including primary or secondary malignant neoplasms of the brain or meninges, benign neoplasms of the brain or meninges, intracranial abscess; subdural or extradural abscess; tuberculoma of the brain, cerebral cysts; idiopathic space occupying lesion;

**“psychoactive substance abuse or dependence involving alcohol”** means a maladaptive pattern of use of alcohol, attracting ICD code 303 or 305, that is indicated by either:

- (a) continued use of the substance despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by use of the substance; or
- (b) recurrent use of the substance when use is physically hazardous (for example, driving while intoxicated);

**“specified list of cerebrovascular diseases”** means one of several pathological processes involving the blood vessels of the brain, including:

- (a) intracerebral haemorrhage,
- (b) subarachnoid haemorrhage,
- (c) nontraumatic intracranial haemorrhage,
- (d) embolic stroke,
- (e) haemorrhagic stroke,
- (f) cerebral infarction or cerebral embolism,
- (g) precerebral arterial disease, or
- (h) cerebrovascular accident,

attracting ICD code 430, 431, 432, 433, 434, or 436;

**“viral encephalitis”** means viral infection and inflammation of the brain parenchyma, attracting ICD code 045.0-045.9, 046.0-046.9, 049.8-049.9, 052.0, 054.3, 055.0, 056.01, 062.0-064, 072.2, 323.0, or 323.6.

Dated this **Eighteenth** day of **July**  
1995

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRMAN