

Determination
of
Statement of Principles
concerning
SECONDARY PARKINSONISM

ICD-10-AM CODE: G21

Veterans' Entitlements Act 1986

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act).

Kind of injury, disease or death

2. (a) This Statement of Principles is about secondary parkinsonism.
(b) For the purposes of this Statement of Principles “**secondary parkinsonism**” means a neurological syndrome that clinically resembles Parkinson’s disease but is of identifiable aetiology, attracting ICD-10-AM code G21. This definition excludes Parkinson’s disease and parkinsonism associated with other forms of extra pyramidal, basal ganglia or striatopallidal disease including Multiple System Atrophy, progressive supranuclear palsy, Huntington’s disease, Alzheimer’s disease, syphilis, dementia pugilistica, benign essential tremor, arteriosclerotic pseudoparkinsonism.

Basis for determining the factors

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **secondary parkinsonism and death from secondary parkinsonism** can be related to relevant service rendered by veterans or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must exist before it can be said that, on the balance of probabilities, **secondary parkinsonism** or **death from secondary parkinsonism** is connected with the circumstances of a person's relevant service are:

- (a) suffering from encephalitis lethargica before the clinical onset of secondary parkinsonism; or
- (b) suffering from encephalitis within the 45 days immediately before the clinical onset of secondary parkinsonism; or
- (c) being occupationally exposed to manganese at least weekly for a period of at least six months within the 10 years immediately before the clinical onset of secondary parkinsonism; or
- (d) being occupationally exposed to carbon disulphide at least weekly for a period of at least five years within the 10 years immediately before the clinical onset of secondary parkinsonism; or
- (e) consuming methyl alcohol (methanol) resulting in plasma levels greater than 60 mmol/L (200mg/dL) clinical manifestations of which include convulsions or coma, within the 90 days immediately before the clinical onset of secondary parkinsonism; or
- (f) suffering from an hypoxic-ischaemic cerebral insult within the 90 days immediately before the clinical onset of secondary parkinsonism; or
- (g) receiving an injection containing 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) within the 90 days immediately before the clinical onset of secondary parkinsonism; or
- (h) suffering from a lesion affecting the brain stem within the 90 days immediately before the clinical onset of secondary parkinsonism; or
- (j) undergoing treatment with a drug for a condition for which the drug cannot be ceased or substituted from the specified list of drugs at the time of the clinical onset of secondary parkinsonism; or

- (k) suffering from encephalitis lethargica before the clinical worsening of secondary parkinsonism; or
- (m) suffering from encephalitis within the 45 days immediately before the clinical worsening of secondary parkinsonism;
- (n) being occupationally exposed to manganese at least weekly for a period of at least six months within the 10 years immediately before the clinical worsening of secondary parkinsonism; or
- (o) being occupationally exposed to carbon disulphide at least weekly for a period of at least five years within the 10 years immediately before the clinical worsening of secondary parkinsonism; or
- (p) consuming methyl alcohol (methanol) resulting in plasma levels greater than 60 mmol/L (200mg/dL), clinical manifestations of which include convulsions or coma, within the 90 days immediately before the clinical worsening of secondary parkinsonism; or
- (q) suffering from an hypoxic-ischaemic cerebral insult within the 90 days immediately before the clinical worsening of secondary parkinsonism; or
- (r) receiving an injection containing 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) within the 90 days immediately before the clinical worsening of secondary parkinsonism; or
- (s) suffering from a lesion affecting the brain stem within the 90 days immediately before the clinical worsening of secondary parkinsonism; or
- (t) undergoing treatment with a drug for a condition for which the drug cannot be ceased or substituted from the specified list of drugs at the time of the clinical worsening of secondary parkinsonism; or
- (u) inability to obtain appropriate clinical management for secondary parkinsonism.

Factors that apply only to material contribution or aggravation

- 6.** Paragraphs **5(k) to 5(u)** apply only to material contribution to, or aggravation of, secondary parkinsonism where the person's secondary parkinsonism was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

Inclusion of Statements of Principles

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

8. For the purposes of this Statement of Principles:

“a lesion affecting the brain stem” means an insult or injury that destroys the nigrostriatal pathway of the brain stem, and which is caused by:

- (a) an intracranial space occupying lesion that impinges directly on the brainstem or which causes signs or symptoms of brainstem dysfunction, and which is due to one of the following pathological entities:
 - (i) neoplasm; or
 - (ii) abscess; or
 - (iii) tuberculoma; or
 - (iv) cyst; or
- (b) an episode of cerebral ischaemia or intracerebral haemorrhage that directly impinges on the brainstem or that causes signs or symptoms of brainstem dysfunction; or
- (c) a direct penetrating injury to the brainstem or blunt trauma to the head that produces unconsciousness or causes signs or symptoms of brainstem dysfunction;

“being occupationally exposed to manganese” means

- (a) working in the mining or smelting of ores containing manganese; or
- (b) welding with rods containing manganese; or
- (c) being exposed to dust containing manganese; or
- (d) handling fungicides containing manganese;

“being occupationally exposed to carbon disulphide” means working in the manufacture of viscose rayon, cellophane or carbon tetrachloride, or working in close contact with grain fumigants containing carbon disulphide;

“death from secondary parkinsonism” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s secondary parkinsonism;

“encephalitis” means inflammation of the brain;

“encephalitis lethargica” (also known as von Economo’s encephalitis) means a form of epidemic encephalitis characterised by increasing languor, apathy and drowsiness;

“hypoxic-ischaemic cerebral insult” means acute cerebral anoxia or lack of oxygen supply to the brain, due to cardiorespiratory failure or carbon monoxide poisoning;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), effective date of 1 July 1998, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86451 340 3;

“parkinsonism” means a group of neurological disorders characterized by hypokinesia, tremor, and muscular rigidity;

“relevant service” means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service);

“specified list of drugs” means:

amiodarone; or
cinnarizine; or
cisapride; or
clebopride; or
diltiazem; or
disulfiram; or
flunarizine; or
lithium; or
methyldopa; or
metoclopramide; or
neuroleptic (antipsychotic) drugs; or
reserpine; or
selective serotonin reuptake inhibitors; or
tetrabenazine; or
valproate;

“terminal event” means the proximate or ultimate cause of death and includes:

- a) pneumonia;
- b) respiratory failure;
- c) cardiac arrest;
- d) circulatory failure; or
- e) cessation of brain function.

Dated this *Twenty-eighth* day of *October* 1999

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

KEN DONALD
CHAIRMAN