



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**BRUXISM**  
**(Reasonable Hypothesis)**  
**(No. 91 of 2016)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 28 October 2016

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *bruxism (Reasonable Hypothesis)* (No. 91 of 2016).

**2 Commencement**

This instrument commences on 28 November 2016.

**3 Authority**

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

**4 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.

**5 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**6 Kind of injury, disease or death to which this Statement of Principles relates**

(1) This Statement of Principles is about bruxism and death from bruxism.

*Meaning of **bruxism***

(2) For the purposes of this Statement of Principles, bruxism means a disorder of jaw muscle activity characterised by repetitive, involuntary clenching or grinding of the teeth or by bracing or thrusting of the mandible, occurring during wakefulness or sleep.

*Death from **bruxism***

(3) For the purposes of this Statement of Principles, bruxism, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's bruxism.

Note: **terminal event** is defined in the Schedule 1 – Dictionary.

**7 Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that bruxism and death from bruxism 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: **relevant service** is defined in the Schedule 1 – Dictionary.

## 8 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 bruxism or death from bruxism with the circumstances of a person's relevant service:

- (1) experiencing a moderate to severe traumatic brain injury within the 30 days before the clinical onset of bruxism;
- (2) having a clinically significant neurological condition as specified at the time of the clinical onset of bruxism;

Note: *clinically significant neurological condition as specified* is defined in the Schedule 1 - Dictionary.

- (3) having a clinically significant disorder of mental health as specified at the time of the clinical onset of bruxism;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

- (4) experiencing a category 2 stressor at the time of the clinical onset of bruxism;

Note: *category 2 stressor* is defined in the Schedule 1 - Dictionary.

- (5) taking a drug or a drug from a class of drugs from the specified list of drugs, at the time of the clinical onset of bruxism;

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

- (6) smoking at least one-half pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of bruxism, and where smoking has ceased, the clinical onset of bruxism has occurred within one year of cessation;

Note: *pack-year of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (7) consuming an average of at least 30 grams of alcohol per day in the six months before the clinical onset of bruxism;

Note: *alcohol* is defined in the Schedule 1 - Dictionary.

- (8) consuming an average of at least six cups of caffeinated coffee per day in the six months before the clinical onset of bruxism;

- (9) having gastro-oesophageal reflux disease at the time of the clinical onset of bruxism;

- (10) experiencing a moderate to severe traumatic brain injury within the 30 days before the clinical worsening of bruxism;

- (11) having a clinically significant neurological condition as specified at the time of the clinical worsening of bruxism;

Note: *clinically significant neurological condition as specified* is defined in the Schedule 1 - Dictionary.

- (12) having a clinically significant disorder of mental health as specified at the time of the clinical worsening of bruxism;

Note: *clinically significant disorder of mental health as specified* is defined in the Schedule 1 - Dictionary.

- (13) experiencing a category 2 stressor at the time of the clinical worsening of bruxism;

Note: *category 2 stressor* is defined in the Schedule 1 - Dictionary.

- (14) taking a drug or a drug from a class of drugs from the specified list of drugs, at the time of the clinical worsening of bruxism;

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

- (15) smoking at least one-half pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of bruxism, and where smoking has ceased, the clinical worsening of bruxism has occurred within one year of cessation;

Note: *pack-year of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

- (16) consuming an average of at least 30 grams of alcohol per day in the six months before the clinical worsening of bruxism;

Note: *alcohol* is defined in the Schedule 1 - Dictionary.

- (17) consuming an average of at least six cups of caffeinated coffee per day in the six months before the clinical worsening of bruxism;

- (18) having gastro-oesophageal reflux disease at the time of the clinical worsening of bruxism;

- (19) inability to obtain appropriate clinical management for bruxism.

## **9 Relationship to service**

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 8(10) to 8(19) apply only to material contribution to, or aggravation of, bruxism where the person's bruxism was suffered or contracted before or during (but did not arise out of) the person's relevant service.

**10 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 8 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 5

## 1 Definitions

In this instrument:

**alcohol** is measured by the alcohol consumption calculations utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

**bruxism**—see subsection 6(2).

**category 2 stressor** means one of the following negative life events, the effects of which are chronic in nature and cause the person to feel on-going distress, concern or worry:

- (a) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness;
- (b) experiencing a problem with a long-term relationship including the break-up of a close personal relationship, the need for marital or relationship counselling, marital separation, or divorce;
- (c) having concerns in the work or school environment including on-going disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful workloads, or experiencing bullying in the workplace or school environment;
- (d) experiencing serious legal issues including being detained or held in custody, on-going involvement with the police concerning violations of the law, or court appearances associated with personal legal problems;
- (e) having severe financial hardship including loss of employment, long periods of unemployment, foreclosure on a property or bankruptcy;
- (f) having a family member or significant other experience a major deterioration in their health; or
- (g) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability.

**clinically significant disorder of mental health as specified** means one of the following conditions, which is of sufficient severity to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner:

- (a) anxiety disorder;
- (b) depressive disorder; or
- (c) posttraumatic stress disorder.

***clinically significant neurological condition as specified*** means one of the following conditions:

- (a) Alzheimer-type dementia;
- (b) cerebrovascular accident;
- (c) craniocervical dystonia;
- (d) Huntington's chorea;
- (e) hydrocephalus;
- (f) multiple sclerosis;
- (g) Parkinson's disease or secondary parkinsonism;
- (h) subarachnoid haemorrhage; or
- (i) subdural haematoma.

Note: ***craniocervical dystonia*** is also defined in the Schedule 1 - Dictionary.

***craniocervical dystonia*** means cervical, facial, cranial or oromandibular dystonia, including spasmodic torticollis.

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***pack-year of cigarettes, or the equivalent thereof in other tobacco products*** means a calculation of consumption where one pack-year of cigarettes equals 20 tailor-made cigarettes per day for a period of one calendar year, or 7 300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products mean cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

***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) amphetamines and amphetamine-type substances including methamphetamine, 3,4-methylenedioxymethamphetamine (ecstasy), dexamphetamine (Dexedrine) and methylphenidate (Ritalin);
- (b) antipsychotics;
- (c) cocaine;
- (d) flecainide;
- (e) flunarizine;
- (f) levodopa;
- (g) selective serotonin reuptake inhibitors;
- (h) serotonin and noradrenaline (norepinephrine) reuptake inhibitors;
- (i) tricyclic antidepressants; or
- (j) valproate.



***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*.