

Statement of Principles
concerning

CLUSTER HEADACHE

No. 20 of 2010

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning cluster headache No. 20 of 2010.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 66 of 1999 concerning cluster headache syndrome; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **cluster headache** and **death from cluster headache**.
 - (b) For the purposes of this Statement of Principles, "**cluster headache**" means a headache condition in which there are multiple attacks of severe, unilateral headache in the orbital, supraorbital, or temporal region, and where each headache typically lasts from two to 180 minutes. The headache is accompanied by a sense of restlessness or agitation, or at least one of the following autonomic symptoms occurring on the same side as the pain:
 - (i) conjunctival injection or lacrimation;

- (ii) nasal congestion or rhinorrhea;
- (iii) eyelid oedema;
- (iv) forehead and facial sweating; or
- (v) miosis or ptosis.

This definition excludes migraine; headache attributable to structural abnormalities or inflammatory disorders of the head and neck; and headache attributable to systemic disease.

- (c) Cluster headache attracts ICD-10-AM code G44.0.
- (d) In the application of this Statement of Principles, the definition of "**cluster headache**" is that given at paragraph 3(b) above.

Basis for determining the factors

- 4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **cluster headache** and **death from cluster headache** 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

- 5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

- 6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **cluster headache** or **death from cluster headache** with the circumstances of a person's relevant service is:
 - (a) having trauma to the forehead, temple, or eye socket within the 14 days before the clinical onset of cluster headache and, where the trauma involving those areas was unilateral, the cluster headache developed on the same side as that trauma; or
 - (b) undergoing treatment with glyceryl trinitrate or isosorbide mononitrate, at the time of the clinical worsening of cluster headache; or
 - (c) inability to obtain appropriate clinical management for cluster headache.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(b) to 6(c)** apply only to material contribution to, or aggravation of, cluster headache where the person's cluster headache was suffered or contracted before or during (but not arising out of) the person's relevant service.

Inclusion of Statements of Principles

8. 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 as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"death from cluster headache" in relation to a person includes death from a terminal event or condition that was contributed to by the person's cluster headache;

"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), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

"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;

"trauma to the forehead, temple, or eye socket" means an injury to any or all of those areas of the head, resulting in:

- (a) loss of consciousness;
- (b) traumatic amnesia;
- (c) fracture of the underlying bones;
- (d) laceration of the overlying skin; or
- (e) swelling and bruising at the site of the trauma.

Application

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 11.** This Instrument takes effect from 12 May 2010.

Dated this **twenty-second** day of
April 2010.

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

KEN DONALD
CHAIRPERSON