Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

EPILEPSY

No. 75 of 2013

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 epilepsy No. 75 of 2013.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):

(a) revokes Instrument No. 49 of 2005 concerning epilepsy; and

(b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about **epilepsy** and **death from epilepsy**.

(b) For the purposes of this Statement of Principles, **"epilepsy"** means a chronic and recurring condition of the brain characterised by an enduring propensity to generate epileptiform seizures. This definition may include status epilepticus.

This definition excludes:

(i) convulsions associated with syncope, vertigo or migraine;
(ii) epileptic seizures that occur in close temporal association with an acute systemic, metabolic or toxic insult or an acute central nervous system insult;

(iii) febrile seizure;
(iv) hysterical seizure;
(v) infantile seizure;
(vi) movement disorders associated with sleep, including restless legs syndrome or periodic limb movement disorder;
(vii) myoclonic convulsions associated with G-force induced loss of consciousness (G-LOC);
(viii) neonatal seizure; and
(ix) psychogenic seizure.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **epilepsy** and **death from epilepsy** 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 **epilepsy** or **death from epilepsy** with the circumstances of a person's relevant service is:

(a) having a moderate to severe traumatic brain injury before the clinical onset of epilepsy; or

(b) having concussion within the 20 years before the clinical onset of epilepsy; or

(c) having a surgical procedure which involves a craniotomy before the clinical onset of epilepsy; or

(d) having a cerebrovascular accident or subarachnoid haemorrhage within the 20 years before the clinical onset of epilepsy; or

(e) having an hypoxic cerebral insult within the two months before the clinical onset of epilepsy; or

(f) having central nervous system systemic lupus erythematosus at the time of the clinical onset of epilepsy; or

(g) having an autoimmune disorder affecting the brain at the time of the clinical onset of epilepsy; or

(h) having an intracranial space-occupying lesion before the clinical onset of epilepsy; or

(i) having an infection of the brain or meninges within the ten years before the clinical onset of epilepsy; or

(j) being infected with human immunodeficiency virus at the time of the clinical onset of epilepsy; or

(k) having dementia at the time of the clinical onset of epilepsy; or

(l) drinking at least 75 kilograms of alcohol within the five years before the clinical onset of epilepsy; or

(m) having a medical condition from the specified list affecting the brain at the time of the clinical onset of epilepsy; or

(n) for reflex epilepsy only,

(i) being exposed to a sensory stimulus immediately before the clinical onset of epilepsy; or

(ii) being exposed to a repetitive task involving intense concentration immediately before the clinical onset of epilepsy; or

(o) having a moderate to severe traumatic brain injury before the clinical worsening of epilepsy; or

(p) having concussion within the 20 years before the clinical worsening of epilepsy; or

(q) having a surgical procedure which involves a craniotomy before the clinical worsening of epilepsy; or

(r) having a cerebrovascular accident or subarachnoid haemorrhage within the 20 years before the clinical worsening of epilepsy; or

(s) having an hypoxic cerebral insult within the two months before the clinical worsening of epilepsy; or

(t) having central nervous system systemic lupus erythematosus at the time of the clinical worsening of epilepsy; or

(u) having an autoimmune disorder affecting the brain at the time of the clinical worsening of epilepsy; or

(v) having an intracranial space-occupying lesion before the clinical worsening of epilepsy; or

(w) having an infection of the brain or meninges within the ten years before the clinical worsening of epilepsy; or

(x) being infected with human immunodeficiency virus at the time of the clinical worsening of epilepsy; or

(y) having dementia at the time of the clinical worsening of epilepsy; or

(z) having a moderate to severe alcohol use disorder, including alcohol dependence, at the time of the clinical worsening of epilepsy; or

(aa) having a medical condition from the specified list affecting the brain at the time of the clinical worsening of epilepsy; or

(bb) an inability to use continuous positive airway pressure (CPAP) ventilation for diagnosed sleep apnoea, at the time of the clinical worsening of epilepsy; or

(cc) for reflex epilepsy only,

(i) being exposed to a sensory stimulus immediately before the clinical worsening of epilepsy; or

(ii) being exposed to a repetitive task involving intense concentration immediately before the clinical worsening of epilepsy; or

(dd) inability to obtain appropriate clinical management for epilepsy.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(o) to 6(dd)** apply only to material contribution to, or aggravation of, epilepsy where the person's epilepsy 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:

"a medical condition from the specified list" means:

(a) Erdheim-Chester disease;
(b) iron overload;
(c) multiple sclerosis;
(d) posterior reversible encephalopathy syndrome;
(e) sarcoidosis;
(f) sickle cell disease;
(g) type 3 Gaucher disease;
(h) Wegener's granulomatosis; or
(i) Wilson's disease;

"a moderate to severe alcohol use disorder" means a psychiatric disorder characterised by a problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least four of the following criteria, occurring within a 12-month period:

(a) alcohol is often taken in larger amounts or over a longer period than was intended;
(b) there is a persistent desire or unsuccessful efforts to cut down or control alcohol use;
(c) a great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects;

(d) craving, or a strong desire or urge to use alcohol;
(e) recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home;
(f) continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol;
(g) important social, occupational, or recreational activities are given up or reduced because of alcohol use;
(h) recurrent alcohol use in situations in which it is physically hazardous;
(i) alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol; or
(j) tolerance, defined by either:
    (i) a need for markedly increased amounts of alcohol to achieve intoxication or desired effect; or
    (ii) a markedly diminished effect with continued use of the same amount of alcohol;

"a sensory stimulus" means a visual, auditory, autonomic, somatosensory, olfactory, gustatory or vestibular stimulus, such as intermittent photic stimulation, reading or musical notes;

"an autoimmune disorder affecting the brain" means an autoimmune disorder with central nervous system involvement and includes paraneoplastic encephalitis, Hashimoto's encephalopathy and Behcet's disease;

"an hypoxic cerebral insult" means an event which results in either a decreased rate of cerebral blood flow or decreased oxygen content of cerebral arterial blood for a sustained period;

"an infection of the brain or meninges" means:

(a) amoebic meningoencephalitis;
(b) bacterial meningitis, encephalitis or meningoencephalitis (including cerebral tuberculosis and neurosyphilis);
(c) cerebral helminthic infection (cysticercosis, schistosomiasis, echinococcosis, onchocerciasis, paragonomiasis, toxacariasis or sparganosis);
(d) cerebral protozoal infection (malaria, trypanosomiasis or toxoplasmosis);
(e) intracranial fungal infection; or
(f) viral encephalitis or meningoencephalitis;

"an intracranial space-occupying lesion" means a pathological entity occupying a delineated area within the cranial cavity, including intracranial aneurysm, cerebral cyst, intracranial neoplasm or cerebral, subdural or extradural abscess;

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

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

"dementia" means:

(a) Alzheimer-type dementia;
(b) Creutzfeldt-Jakob disease;
(c) dementia pugilistica;
(d) dementia with Lewy bodies;
(e) frontotemporal dementia;
(f) Huntington's chorea;
(g) Parkinson's disease with dementia;
(h) vascular dementia; or
(i) any other type of dementia;

"reflex epilepsy" means an idiopathic seizure disorder in which a seizure can be triggered by internal or external factors;

"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;

"status epilepticus" means:

(a) a single epileptic seizure of more than thirty minutes duration; or
(b) a series of epileptic seizures occurring over a period of more than thirty minutes, without a return to consciousness between seizures;

"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.

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 13 November 2013.

Dated this *first* day of *November* 2013

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON