Australian Government
Repatriation Medical Authority

Statement of Principles concerning TRIGEMINAL NEURALGIA (No. 77 of 2015)

The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015

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

Professor Nicholas Saunders AO
Chairperson

Federal Register of Legislative Instruments F2015L00909

Contents

1 Name

This is the Statement of Principles concerning **trigeminal neuralgia** (No. 77 of 2015).

2 Commencement

This instrument commences on **20 July 2015**.

3 Authority

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

4 Revocation

The Statement of Principles concerning trigeminal neuralgia No. 54 of 2009 made under subsection 196B(2) of the VEA is revoked.

5 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.

6 Definitions

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

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

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

*Meaning of **trigeminal neuralgia***

(2) For the purposes of this Statement of Principles, trigeminal neuralgia:

(a) means a clinical facial pain syndrome characterised by recurring paroxysmal attacks of severely intense electric shock-like, shooting, stabbing or sharp pain lasting from a fraction of a second to two minutes, occurring in the distribution of one or more divisions of the trigeminal nerve, which are precipitated by innocuous stimuli to the affected side of the face, and without symptoms in the interval between attacks. This condition is also known as Tic Douloureux; and

(b) includes classic and symptomatic (secondary) forms of trigeminal neuralgia, but excludes peripheral painful post-traumatic trigeminal neuropathy, persistent idiopathic facial pain, other trigeminal orofacial neuropathic pain syndromes,

glossopharyngeal neuralgia, postherpetic neuralgia, migraine, cluster headache, short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT), chronic paroxysmal hemicrania, and dental or periodontal pain.

Death from ***trigeminal neuralgia***

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

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

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that trigeminal neuralgia and death from trigeminal neuralgia 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.

9 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 trigeminal neuralgia or death from trigeminal neuralgia with the circumstances of a person's relevant service:

(1) having multiple sclerosis, Charcot–Marie–Tooth disease or a central nervous system demyelinating disease at the time of the clinical onset of trigeminal neuralgia;

(2) having a mass lesion which compresses, encases, entraps, stretches, infiltrates or displaces the affected trigeminal nerve close to its point of entry into the brainstem, at the time of the clinical onset of trigeminal neuralgia;

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

(3) having vascular compression of the trigeminal nerve close to its point of entry into the brainstem, by a tortuous or aberrant loop of arteries or veins, haemangioma, aneurysm, venous sinus thrombosis, or arteriovenous malformation, at the time of the clinical onset of trigeminal neuralgia;

(4) having a benign fibro-osseous lesion which compresses, entraps or displaces the affected trigeminal nerve close to its point of entry into the brainstem, at the time of the clinical onset of trigeminal neuralgia;

Note: ***benign fibro-osseous lesion*** is defined in the Schedule 1 - Dictionary.

(5) having a cerebrovascular accident involving the brainstem within the 30 days before the clinical onset of trigeminal neuralgia;

(6) having a disease from the specified list of inflammatory connective tissue diseases at the time of the clinical onset of trigeminal neuralgia;

Note: ***specified list of inflammatory connective tissue diseases*** is defined in the Schedule 1 - Dictionary.

(7) having invasive bacterial or fungal paranasal sinusitis or viral meningoencephalitis, at the time of the clinical onset of trigeminal neuralgia;

(8) having limbic encephalitis in the presence of a malignant neoplasm at the time of the clinical onset of trigeminal neuralgia;

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

(9) having multiple sclerosis, Charcot–Marie–Tooth disease or a central nervous system demyelinating disease at the time of the clinical worsening of trigeminal neuralgia;

(10) having a mass lesion which compresses, encases, entraps, stretches, infiltrates or displaces the affected trigeminal nerve close to its point of entry into the brainstem, at the time of the clinical worsening of trigeminal neuralgia;

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

(11) having vascular compression of the trigeminal nerve close to its point of entry into the brainstem, by a tortuous or aberrant loop of arteries or veins, haemangioma, aneurysm, venous sinus thrombosis, or arteriovenous malformation, at the time of the clinical worsening of trigeminal neuralgia;

(12) having a benign fibro-osseous lesion which compresses, entraps or displaces the affected trigeminal nerve close to its point of entry into the brainstem, at the time of the clinical worsening of trigeminal neuralgia;

Note: ***benign fibro-osseous lesion*** is defined in the Schedule 1 - Dictionary.

(13) having a cerebrovascular accident involving the brainstem within the 30 days before the clinical worsening of trigeminal neuralgia;

(14) having a disease from the specified list of inflammatory connective tissue diseases at the time of the clinical worsening of trigeminal neuralgia;

Note: ***specified list of inflammatory connective tissue diseases*** is defined in the Schedule 1 - Dictionary.

(15) having invasive bacterial or fungal paranasal sinusitis or viral meningoencephalitis, at the time of the clinical worsening of trigeminal neuralgia;

(16) having limbic encephalitis in the presence of a malignant neoplasm at the time of the clinical worsening of trigeminal neuralgia;

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

(17) inability to obtain appropriate clinical management for trigeminal neuralgia.

10 Relationship to service

(1) The existence in a person of any factor referred to in section 9 must be related to the relevant service rendered by the person.

(2) The factors set out in subsections 9(9) to 9(17) apply only to material contribution to, or aggravation of, trigeminal neuralgia where the person's trigeminal neuralgia was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 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 9 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 6

1 Definitions

In this instrument:

benign fibro-osseous lesion means a non-malignant disease of the bone or connective tissue, such as Paget's disease of bone, osteogenesis imperfecta, fibrous dysplasia or cranial osteodysplasia.

limbic encephalitis means a neurological disease characterised by inflammation of the brain caused by autoantibodies against intracellular neuronal antigens.

mass lesion means an endogenous pathological structure or pathological entity or extraneous material occupying a delineated area, including a benign or malignant neoplasm, haematoma, abscess, fungal granuloma, amyloidoma, neurocysticercoma, epidermoid cyst or arachnoid cyst.

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

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.

specified list of inflammatory connective tissue diseases means:

(a) mixed connective tissue disease;
(b) relapsing polychondritis;
(c) rheumatoid arthritis;
(d) Sjogren's syndrome;
(e) systemic lupus erythematosus; or
(f) systemic sclerosis (scleroderma).

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.

trigeminal neuralgia - see subsection 7(2).

VEA means the *Veterans' Entitlements Act 1986*.