

REVOKED

Statement of Principles
concerning
ACUTE STRESS DISORDER

ICD CODE: 308

Veterans' Entitlements Act 1986
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **acute stress disorder** and **death from acute stress disorder** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986*, that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **acute stress disorder** or **death from acute stress disorder** with the circumstances of that service, are:
 - (a) experiencing a stressor not more than four weeks before the clinical onset of acute stress disorder; or
 - (b) inability to obtain appropriate clinical management for acute stress disorder.
2. Subject to clause 3 (below) at least one of the factors set out in paragraph **1(a) to 1(b)** must be related to any service rendered by a person.
3. The factor set out in paragraph **1(b)** applies only where:

- (a) the person's **acute stress disorder** was contracted before a period, or part of a period, of service to which the factor related; and
- (b) the relationship suggested between the **acute stress disorder** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d), or 70(5A)(d) of the Act.

4. For the purposes of this Statement of Principles:

“acute stress disorder” means a psychiatric condition, attracting ICD code 308, that meets all of the following diagnostic criteria (derived from DSM-IV):

- (a) experiencing a stressor; and
- (b) either while experiencing or after experiencing the stressor, the person has three or more of the following dissociative symptoms:
 - (i) a subjective sense of numbing, detachment, or absence of emotional responsiveness;
 - (ii) a reduction in awareness of his or her surroundings (eg, “being in a daze”);
 - (iii) derealization;
 - (iv) depersonalization;
 - (v) dissociative amnesia (ie; inability to recall an important aspect of the stressor); and
- (c). the stressor is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the stressor; or the person is distressed on exposure to reminders of the stressor; and
- (d) marked avoidance of stimuli that arouse recollections of the stressor (eg, thoughts, feelings, conversations, activities, places, people); and
- (e) marked symptoms of anxiety or increased arousal (eg, difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness); and

- (f) the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the person`s ability to pursue some necessary task, such as obtaining necessary assistance or mobilising personal resources by telling family members about the stressor; and
- (g) the disturbance lasts for a minimum of two days and a maximum of four weeks and occurs within four weeks of the stressor; and
- (h) the disturbance is not due to the direct physiological effects of a substance (eg, a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder (as discribed in DSM-IV), and is not merely an exacerbation of a pre-existing Axis I or Axis II disorder.

“DSM-IV” means the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*;

“experiencing a stressor” means the following (derived from DSM-IV):

- (a) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the person’s, or other people’s, physical integrity; and
- (b) the person’s response to that event or events involved intense fear, helplessness or horror;

“ICD code” means a number assigned to a particular kind of injury or disease in the tenth edition of the *International Classification of Diseases 9th Revision*, effective date of 1 October 1993, copyrighted by the US Commission on Professional and Hospital Activities, and having the Library of Congress number 77-94472.

