

Revocation

of

Statements of Principles
concerning

GENERALISED ANXIETY DISORDER

and

**ANXIETY DISORDER DUE TO A GENERAL
MEDICAL CONDITION**

and

Determination

of

Statement of Principles
concerning

ANXIETY DISORDER

ICD-10-AM CODES: F06.4, F41.1, F41.8, F41.9

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.48 of 1994 and Instrument No.275 of 1995 concerning generalised anxiety disorder; and Instrument No.380 of 1995 concerning anxiety disorder due to a general medical condition; and

- (b) determines in their place the following Statement of Principles.

Kind of injury, disease or death

- 2. (a) This Statement of Principles is about **anxiety disorder** and **death from anxiety disorder**.
- (b) For the purposes of this Statement of Principles, “**anxiety disorder**” is defined as the anxiety spectrum disorders of generalised anxiety disorder, or anxiety disorder due to a general medical condition, or anxiety disorder not otherwise specified, attracting ICD-10-AM code F06.4, F41.1, F41.8 or F41.9. This definition excludes the other anxiety spectrum disorders: post traumatic stress disorder, acute stress disorder, phobia, obsessive-compulsive disorder, adjustment disorder with anxiety, panic disorder and agoraphobia.

Basis for determining the factors

- 3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **anxiety disorder and death from anxiety disorder** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

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

Factors

- 5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **anxiety disorder** or **death from anxiety disorder** with the circumstances of a person’s relevant service are:
 - (a) for generalised anxiety disorder or anxiety disorder not otherwise specified, only
 - (i) being a prisoner of war before the clinical onset of anxiety disorder; or
 - (ii) experiencing a severe psychosocial stressor within the two years immediately before the clinical onset of anxiety disorder; or

- (iii) having a clinically significant psychiatric condition within the two years immediately before the clinical onset of anxiety disorder; or
 - (iv) having a major illness or injury within the two years immediately before the clinical onset of anxiety disorder; or
 - (v) experiencing a severe psychosocial stressor within the two years immediately before the clinical worsening of anxiety disorder; or
 - (vi) having a major illness or injury within the two years immediately before the clinical worsening of anxiety disorder; or
 - (vii) having a clinically significant psychiatric condition within the two years immediately before the clinical worsening of anxiety disorder; or
- (b) for anxiety disorder due to a generalised medical condition only, having an endocrine, cardiovascular, respiratory, metabolic or neurological disorder, where the disorder is a direct physiological cause of the anxiety at the time of the clinical onset of the anxiety disorder; or
- (c) inability to obtain appropriate clinical management for anxiety disorder.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(a)(v) to 5(a)(vii) and 5(c) apply only to material contribution to, or aggravation of, anxiety disorder where the person's anxiety disorder was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Inclusion of Statements of Principles

7. 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.

Other definitions

8. For the purposes of this Statement of Principles:

“anxiety due to a general medical condition” means a psychiatric disorder where:

- A. Prominent anxiety, panic attacks, obsessions or compulsions predominate in the clinical picture; and
- B. There is evidence from the history, physical examination, or laboratory findings that the anxiety, panic attacks, obsessions or compulsions are the direct physiological consequence of a general medical condition; and
- C. The anxiety, panic attacks, obsessions or compulsions are not better accounted for by another mental disorder; and
- D. The anxiety, panic attacks, obsessions or compulsions do not occur exclusively during the course of a delirium; and
- E. The anxiety, panic attacks, obsessions or compulsions cause clinically significant distress or impairment in social, occupational, or other important areas of functioning;

“anxiety disorder not otherwise specified” means a psychiatric disorder with prominent anxiety or phobic avoidance that does not meet criteria for any specific anxiety disorder, adjustment disorder with anxiety, or adjustment disorder with mixed anxiety and depressed mood;

“clinically significant” means sufficient to warrant ongoing management by a psychiatrist, clinical psychologist or General Practitioner;

“death from anxiety disorder” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s anxiety disorder;

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

“generalised anxiety disorder” means a psychiatric disorder with the following features:

- A. Excessive anxiety and worry (apprehensive expectation), which occur on more days than not for a continuous period of at least six months, about a number of events or activities; and
- B. The person finds it difficult to control the worry; and

- C. The anxiety and worry are associated with three or more of the following six symptoms, with at least some symptoms present for more days than not during the previous six month period:
- (1). restlessness or feeling keyed up or on edge
 - (2). being easily fatigued
 - (3). difficulty concentrating or mind going blank
 - (4). irritability
 - (5). muscle tension
 - (6). difficulty falling or staying asleep, or restless unsatisfying sleep; and
- D. The focus of the anxiety and worry is not confined to features of any other Axis I disorder; and
- E. The anxiety, worry, or physical symptoms (as described in C. above) cause clinically significant distress or impairment in social, occupational, or other important areas of functioning; and
- F. The anxiety and worry are not due to the direct physiological effects of a substance or a general medical condition and do not occur exclusively during a mood disorder, a psychotic disorder, or a pervasive developmental disorder;

“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), effective date of 1 July 1998, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86451 340 3;

“major illness or injury” means a disease or injury that is life-threatening or seriously disabling;

“psychiatric condition” means any Axis 1 disorder of mental health that attracts a diagnosis under DSM-IV;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“severe psychosocial stressor” means an identifiable occurrence that evokes feelings of substantial distress in an individual, for example, being shot at, death or serious injury of a close friend or relative, assault (including sexual assault), major illness or injury, experiencing a loss such

as divorce or separation, loss of employment, major financial problems or legal problems;

“**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

- 9. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this *Twenty-eighth* day of *January* 2000

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

KEN DONALD
CHAIRMAN