

Statement of Principles  
concerning

**NARCOLEPSY**

**No. 57 of 2005**

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 narcolepsy No. 57 of 2005.

**Determination**

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the VEA).

**Kind of injury, disease or death**

3. (a) This Statement of Principles is about **narcolepsy** and **death from narcolepsy**.  
(b) For the purposes of this Statement of Principles, "**narcolepsy**" means excessive daytime sleepiness lasting at least three months, accompanied by cataplexy, or one or more of the following symptoms:
  - (i) hypnagogic or hypnopompic hallucinations, or
  - (ii) sleep paralysis, or
  - (iii) recurrent, uncontrollable, brief episodes of sleep, or
  - (iv) disturbed sleep,

and the diagnosis is confirmed by sleep testing when cataplexy is not present. This definition excludes sleepiness due to the direct physiological effects of a drug or medication.

- (c) Narcolepsy attracts ICD-10-AM code G47.4.
- (d) In the application of this Statement of Principles, the definition of “**narcolepsy**” 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 **narcolepsy** and **death from narcolepsy** 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 **narcolepsy** or **death from narcolepsy** with the circumstances of a person’s relevant service is:
  - (a) having cerebral trauma within the two years before the clinical onset of narcolepsy; or
  - (b) undergoing a course of therapeutic radiation to the brain within the two years before the clinical onset of narcolepsy; or
  - (c) having a specified neurological disorder with involvement in the region of the hypothalamus within the two years before the clinical onset of narcolepsy; or
  - (d) inability to obtain appropriate clinical management for narcolepsy.

#### **Factors that apply only to material contribution or aggravation**

- 7. Paragraph 6(d) applies only to material contribution to, or aggravation of, narcolepsy where the person’s narcolepsy 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 course of therapeutic radiation”** means one or more fractions (treatment portions) of ionising radiation administered with the aim of achieving palliation or cure with gamma rays, x-rays, alpha particles or beta particles;

**“a specified neurological disorder”** means:

- (a) acute disseminated encephalomyelitis;
- (b) Rasmussen’s encephalitis;
- (c) multiple sclerosis;
- (d) Parkinson’s disease;
- (e) secondary parkinsonism;
- (f) hypothalamic-pituitary failure;
- (g) a cerebrovascular accident;
- (h) hypoxic cerebral insult; or
- (i) intracranial space occupying lesion;

**“cataplexy”** means sudden weakness or loss of muscle tone without loss of consciousness, often elicited by emotion;

**“cerebral trauma”** means:

- (a) an injury to the head that penetrates the dura mater;
- (b) a head injury that results in skull fracture;
- (c) a blunt head injury that causes loss of consciousness lasting at least thirty minutes or post-traumatic amnesia lasting at least thirty minutes;
- (d) an injury that results in intracranial haemorrhage; or
- (e) a surgical procedure which involves craniotomy;

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

**“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), Fourth Edition, effective date of 1 July 2004, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 594 1;

**“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;

**“sleep testing”** means an overnight polysomnogram followed by a multiple sleep latency test or other appropriate tests;

**“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.

**Date of effect**

**10.** This Instrument takes effect from 28 December 2005.

Dated this *fifteenth* day of *December* 2005

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

KEN DONALD  
CHAIRPERSON