Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
NEUROCOGNITIVE DISORDER WITH LEWY BODIES
(Reasonable Hypothesis)
(No. 35 of 2019)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 1 March 2019

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

Professor Nicholas Saunders AO
Chairperson

Contents

1 Name

This is the Statement of Principles concerning *neurocognitive disorder with Lewy bodies (Reasonable Hypothesis)* (No. 35 of 2019).

2 Commencement

This instrument commences on 25 March 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning Alzheimer-type dementia No. 22 of 2010 (Federal Register of Legislation No. F2017C00820) made under subsections 196B(2) and (8) of the VEA is repealed.

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 neurocognitive disorder with Lewy bodies and death from neurocognitive disorder with Lewy bodies.

*Meaning of **neurocognitive disorder with Lewy bodies***

(2) For the purposes of this Statement of Principles, neurocognitive disorder with Lewy bodies means a central nervous system neurodegenerative disorder meeting the following clinical diagnostic criteria (derived from DSM-5):

A. Evidence of major neurocognitive disorder or mild neurocognitive disorder.

B. The disorder has an insidious onset and gradual progression.

C. The disorder meets at least two of the following diagnostic features:

(i) fluctuating cognition with pronounced variations in attention and alertness;

(ii) recurrent visual hallucinations that are well formed and detailed;

(iii) spontaneous features of Parkinson's disease or secondary Parkinsonism at least one year after the clinical onset of cognitive symptoms; or

(iv) rapid eye movement (REM) sleep behaviour disorder.

D. The cognitive deficits in Criteria A, B and C are not primarily due to any of the following:

(i) delirium;

(ii) another mental disorder (for example, major depressive disorder, schizophrenia); or

(iii) cerebrovascular disease, another neurodegenerative disease (for example, Alzheimer disease, Parkinson's disease, Huntington's chorea), brain tumour, subdural haematoma, the effects of a substance, or systemic disorder (for example, hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcaemia, neurosyphilis, human immunodeficiency virus infection).

Note: ***DSM-5***, ***major neurocognitive disorder*** and ***mild neurocognitive disorder*** are defined in the Schedule 1 – Dictionary.

(3) While neurocognitive disorder with Lewy bodies attracts ICD-10-AM code G31.3 with F02.8, in applying this Statement of Principles the meaning of neurocognitive disorder with Lewy bodies is that given in subsection (2).

(4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from ***neurocognitive disorder with Lewy bodies***

(5) For the purposes of this Statement of Principles, neurocognitive disorder with Lewy bodies, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's neurocognitive disorder with Lewy bodies.

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 neurocognitive disorder with Lewy bodies and death from neurocognitive disorder with Lewy bodies 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: ***MRCA***, ***relevant service*** and ***VEA*** are 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 neurocognitive disorder with Lewy bodies or death from neurocognitive disorder with Lewy bodies with the circumstances of a person's relevant service:

(1) having major depressive disorder at least ten years before the clinical onset of neurocognitive disorder with Lewy bodies;

(2) having posttraumatic stress disorder at least ten years before the clinical onset of neurocognitive disorder with Lewy bodies;

(3) being treated with an antipsychotic drug at the time of the clinical worsening of neurocognitive disorder with Lewy bodies;

(4) being treated with an anticholinergic drug from the specified list of anticholinergic drugs, at the time of the clinical worsening of neurocognitive disorder with Lewy bodies;

Note: ***specified list of anticholinergic drugs*** is defined in the Schedule 1 - Dictionary.

(5) inability to obtain appropriate clinical management for neurocognitive disorder with Lewy bodies.

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(3) to 9(5) apply only to material contribution to, or aggravation of, neurocognitive disorder with Lewy bodies where the person's neurocognitive disorder with Lewy bodies 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:

DSM-5 means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

major neurocognitive disorder means:

(a) evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition) based on:

(i) concern of the individual, a knowledgeable informant, or the clinician that there has been a significant decline in cognitive function; and

(ii) a substantial impairment in cognitive performance, documented by standardised neuropsychological testing or another qualified clinical assessment; and

(b) the cognitive deficits interfere with independence in everyday activities (that is, at a minimum, requiring assistance with complex instrumental activities of daily living such as paying bills or managing medications).

mild neurocognitive disorder means evidence of modest cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition) based on:

(a) concern of the individual, a knowledgeable informant, or the clinician that there has been a mild decline in cognitive function; and

(b) a modest impairment in cognitive performance, documented by standardised neuropsychological testing.

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

neurocognitive disorder with Lewy bodies—see subsection 7(2).

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.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

specified list of anticholinergic drugs means:

(a) antidepressants (amitriptyline, amoxapine, clomipramine, desipramine, doxepin, imipramine, nortriptyline, paroxetine, protriptyline and trimipramine);
(b) antiparkinson agents (benztropine, biperiden, chlorphenoxamine, cycrimine, ethopropazine, procyclidine and trihexyphenidyl); or
(c) bladder antimuscarinics (darifenacin, fesoterodine, flavoxate, oxybutynin, solifenacin, tolterodine and trospium).

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.

VEA means the *Veterans' Entitlements Act 1986*.