



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**EATING DISORDER**  
**(Balance of Probabilities)**  
**(No. 16 of 2025)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 17 December 2024.

Professor Terence Campbell AM  
Chairperson  
by and on behalf of  
The Repatriation Medical Authority

# Contents

1	Name.....	3
2	Commencement .....	3
3	Authority .....	3
4	Repeal .....	3
5	Application.....	3
6	Definitions .....	3
7	Kind of injury, disease or death to which this Statement of Principles relates .....	3
8	Basis for determining the factors .....	9
9	Factors that must exist.....	9
10	Relationship to service.....	10
11	Factors referring to an injury or disease covered by another Statement of Principles .....	10
<b>Schedule 1 - Dictionary .....</b>		<b>11</b>
1	Definitions .....	11

**1 Name**

This is the Statement of Principles concerning *eating disorder (Balance of Probabilities)* (No.16 of 2025).

**2 Commencement**

This instrument commences on 28 January 2025.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning eating disorder (Balance of Probabilities) (No. 14 of 2016) (Federal Register of Legislation No. F2016L00264) made under subsections 196B(3) and (8) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 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 eating disorder and death from eating disorder.

*Meaning of eating disorder*

- (2) For the purposes of this Statement of Principles, eating disorder:
- (a) means a persistent disturbance of eating or eating-related behaviour resulting in the altered consumption or absorption of food, which significantly impairs physical health or psychosocial functioning; and
  - (b) includes:
    - (i) anorexia nervosa;
    - (ii) bulimia nervosa;
    - (iii) binge-eating disorder;
    - (iv) pica;
    - (v) rumination disorder;

- (vi) avoidant/restrictive food intake disorder
- (vii) other specified feeding or eating disorder; and
- (viii) unspecified feeding or eating disorder; and
- (c) excludes:
  - (i) anorexia;
  - (ii) orthorexia nervosa; and
  - (iii) polyphagia.

anorexia nervosa means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) Restriction of energy intake relative to requirements, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. Significantly low weight is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected;
- (b) Intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain, even though at a significantly low weight;
- (c) *Restricting type*: During the last 3 months, the individual has not engaged in recurrent episodes of binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise; and
- (d) *Binge-eating/purging type*: During the last 3 months, the individual has engaged in recurrent episodes of binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

bulimia nervosa means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:
  - (i) Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most individuals would eat in a similar period of time under similar circumstances; and
  - (ii) A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating); and
- (b) Recurrent inappropriate compensatory behaviours in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise;

- (c) The binge eating and inappropriate compensatory behaviours both occur, on average, at least once a week for 3 months;
- (d) Self-evaluation is unduly influenced by body shape and weight; and
- (e) The disturbance does not occur exclusively during episodes of anorexia nervosa.

binge-eating disorder means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
  - (i) Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than what most people would eat in a similar period of time under similar circumstances; and
  - (ii) A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating); and
- (b) The binge-eating episodes are associated with three (or more) of the following:
  - (i) Eating much more rapidly than normal;
  - (ii) Eating until feeling uncomfortably full;
  - (iii) Eating large amounts of food when not feeling physically hungry;
  - (iv) Eating alone because of feeling embarrassed by how much one is eating;
  - (v) Feeling disgusted with oneself, depressed, or very guilty afterward;
- (c) Marked distress regarding binge eating is present;
- (d) The binge eating occurs, on average, at least once a week for 3 months; and
- (e) The binge eating is not associated with the recurrent use of inappropriate compensatory behaviour as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

pica means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) Persistent eating of non-nutritive, nonfood substances over a period of at least 1 month;
- (b) The eating of nonnutritive, nonfood substances is inappropriate to the developmental level of the individual;
- (c) The eating behaviour is not part of a culturally supported or socially normative practice; and

- (d) If the eating behaviour occurs in the context of another mental disorder (e.g., intellectual developmental disorder [intellectual disability], autism spectrum disorder, schizophrenia) or medical condition (including pregnancy), it is sufficiently severe to warrant additional clinical attention.

rumination disorder means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) Repeated regurgitation of food over a period of at least 1 month. Regurgitated food may be re-chewed, re-swallowed, or spit out;
- (b) The repeated regurgitation is not attributable to an associated gastrointestinal or other medical condition (e.g., gastroesophageal reflux, pyloric stenosis);
- (c) The eating disturbance does not occur exclusively during the course of anorexia nervosa, bulimia nervosa, binge-eating disorder, or avoidant/restrictive food intake disorder; and
- (d) If the symptoms occur in the context of another mental disorder (e.g., intellectual developmental disorder [intellectual disability] or another neurodevelopmental disorder), they are sufficiently severe to warrant additional clinical attention.

avoidant/restrictive food intake disorder means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) associated with one (or more) of the following:
  - (i) Significant weight loss (or failure to achieve expected weight gain or faltering growth in children);
  - (ii) Significant nutritional deficiency;
  - (iii) Dependence on enteral feeding or oral nutritional supplements; and
  - (iv) Marked interference with psychosocial functioning; and
- (b) The disturbance is not better explained by lack of available food or by an associated culturally sanctioned practice;
- (c) The eating disturbance does not occur exclusively during the course of anorexia nervosa or bulimia nervosa, and there is no evidence of a disturbance in the way in which one's body weight or shape is experienced; and
- (d) The eating disturbance is not attributable to a concurrent medical condition or not better explained by another mental disorder. When the eating disturbance occurs in the context of another condition or disorder, the severity of the eating disturbance

exceeds that routinely associated with the condition or disorder and warrants additional clinical attention.

other specified feeding or eating disorder means a category of disorder of mental health applying to (derived from DSM-5-TR):

- (a) Presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate, but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class; and
- (b) includes:
  - (i) atypical anorexia nervosa;
  - (ii) bulimia nervosa (of low frequency and/or limited duration);
  - (iii) binge-eating disorder (of low frequency and/or limited duration);
  - (iv) purging disorder; and
  - (v) night eating syndrome.

atypical anorexia nervosa means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range; and
- (b) Individuals with atypical anorexia nervosa may experience many of the physiological complications associated with anorexia nervosa.

bulimia nervosa (of low frequency and/or limited duration) means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) All of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviours occur, on average, less than once a week and/or for less than 3 months.

binge-eating disorder (of low frequency and/or limited duration) means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) All of the criteria for binge-eating disorder are met, except that the binge eating occurs, on average, less than once a week and/or for less than 3 months.

purging disorder means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) Recurrent purging behaviour to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating.

night eating syndrome means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal;
- (b) There is awareness and recall of the eating;
- (c) The night eating is not better explained by external influences such as changes in the individual's sleep-wake cycle or by local social norms;
- (d) The night eating causes significant distress and/or impairment in functioning; and
- (e) The disordered pattern of eating is not better explained by binge-eating disorder or another mental disorder, including substance use, and is not attributable to another medical condition or to an effect of medication.

unspecified feeding or eating disorder means a disorder of mental health meeting the following diagnostic criteria (derived from DSM-5-TR):

- (a) This category applies to presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class; and
- (b) Is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific feeding and eating disorder and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

Note: **DSM-5-TR** is defined in the Schedule 1 dictionary.

- (3) While eating disorder attracts ICD-10-AM code F50.0, F50.1, F50.2, F50.3, F50.4, F50.8, F50.9, in applying this Statement of Principles the meaning of eating disorder 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)*,



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### *Death from eating disorder*

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

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

## **8 Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that eating disorder and death from eating disorder can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, eating disorder or death from eating disorder is connected with the circumstances of a person's relevant service:

- (1) experiencing a category 1A stressor during the 1 year before clinical onset or clinical worsening of anorexia nervosa, bulimia nervosa, binge-eating disorder or avoidant/restrictive food intake disorder;

Note: *category 1A stressor* is defined in the Schedule 1 – Dictionary

- (2) being the subject of bullying during the 2 years before clinical onset or clinical worsening of anorexia nervosa, bulimia nervosa, binge-eating disorder or avoidant/restrictive food intake disorder;

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

- (3) having one of the following clinically significant disorders of mental health during the 12 months before clinical onset or clinical worsening of anorexia nervosa, bulimia nervosa, binge-eating disorder or avoidant/restrictive food intake disorder:

- (a) anxiety disorder;
- (b) attention-deficit/hyperactivity disorder;
- (c) depressive disorder;
- (d) personality disorder;
- (e) posttraumatic stress disorder; or
- (f) social anxiety disorder.

Note: *clinically significant disorder of mental health* is defined in the Schedule 1 - Dictionary

- (4) having experienced as a child (under the age of 18) one of the following;
  - (a) serious physical, emotional, or sexual harm;
  - (b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing by an adult;

before clinical onset or clinical worsening of anorexia nervosa, bulimia nervosa, binge-eating disorder, or avoidant/restrictive food intake disorder;

- (5) having experienced as a child (under the age of 18) sexual abuse before clinical onset or clinical worsening of other specified feeding or eating disorder;
- (6) experiencing regular food insecurity for a continuous period of 3 months at the time of clinical onset or clinical worsening of binge-eating disorder;

Note: *food insecurity* is defined in the Schedule 1 – Dictionary.

- (7) having type 1 diabetes mellitus for at least the 3 months before clinical onset or clinical worsening of anorexia nervosa, bulimia nervosa, or avoidant/restrictive food intake disorder;
- (8) inability to obtain appropriate clinical management for eating disorder before clinical worsening.

## **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 clinical worsening aspects of factors set out in section 9 apply only to material contribution to, or aggravation of, eating disorder where the person's eating disorder 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(3) 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:

**bullying** means repeated unwanted, aggressive behaviour that involves an observed or perceived imbalance of power.

Note: Bullying may inflict physical, psychological, or social harm. Examples of bullying include physical (e.g. hitting, kicking, spitting, damaging property), verbal (e.g. teasing, insults, slurs), social (e.g. gossiping, spreading rumours, social exclusion), and cyberbullying.

**category 1A stressor** means one of the following severe traumatic events:

- (a) experiencing a life-threatening event including an illness or injury;
- (b) being subject to a serious physical attack or assault including rape and sexual molestation; or
- (c) being threatened with a weapon, being held captive, being kidnapped, or being tortured.

**clinically significant disorder of mental health** means a disorder of mental health which is of sufficient severity to warrant ongoing management.

Note: To warrant ongoing management does not require that any actual management was received or given for the condition.

**DSM-5-TR** means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Text Revision* Washington, DC, American Psychiatric Association, 2022.

**eating disorder**—see subsection 7(2).

**food insecurity** means a lack of regular access to enough safe and nutritious food for normal growth and development and an active and healthy life, and can result from an unavailability of food and/or a lack of resources to obtain food.

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

**relevant service** means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

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

**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*.