Statement of Principles
concerning

EATING DISORDER

Instrument No. 47 of 2008 as amended

made under section 196B(2) of the

Veterans’ Entitlements Act 1986

This compilation was prepared on 30 June 2009 taking into account Amendment of
Statement of Principles concerning EATING DISORDER (Instrument No. 47 of
2009).

Prepared by the Repatriation Medical Authority Secretariat, Brisbane.
Statement of Principles
concerning

EATING DISORDER

No. 47 of 2008

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 eating disorder No. 47 of 2008.

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 eating disorder and death from eating disorder.

(b) For the purposes of this Statement of Principles, "eating disorder" means the psychiatric conditions anorexia nervosa, bulimia nervosa and eating disorder not otherwise specified which are manifested by a dysfunctional eating pattern, where:

"anorexia nervosa" means a psychiatric condition meeting the following diagnostic criteria (derived from DSM-IV-TR):

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
D. In postmenarchal females, amenorrhoea (i.e., the absence of at least three consecutive cycles).

"bulimia nervosa" means a psychiatric condition meeting the following diagnostic criteria (derived from DSM-IV-TR):

A. Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:

(1) Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

(2) 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).

B. Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas or other medications; fasting or excessive exercise.

C. The binge eating and inappropriate compensatory behaviours both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

"eating disorder not otherwise specified" means a psychiatric condition meeting the following criteria (derived from DSM-IV-TR):

A. For females, all of the criteria for anorexia nervosa are met except that the individual has regular menses.

B. All of the criteria for anorexia nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.

C. All of the criteria for bulimia nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.

D. The regular use of inappropriate compensatory behaviour by an individual of normal body weight after eating small amounts of food.

E. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.
F. For binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviours characteristic of bulimia nervosa.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that eating disorder and death from eating disorder 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 eating disorder or death from eating disorder with the circumstances of a person’s relevant service is:

(a) experiencing a category 1A stressor within the two years before the clinical onset of eating disorder; or

(b) experiencing a category 1B stressor within the one year before the clinical onset of eating disorder; or

(c) experiencing a category 2 stressor within the one year before the clinical onset of eating disorder; or

(d) experiencing the death of a significant other within the one year before the clinical onset of eating disorder; or

(e) having a clinically significant psychiatric condition as specified, within the two years before the clinical onset of eating disorder; or

(f) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical onset of eating disorder; or

(g) having experienced severe childhood abuse within the ten years before the clinical onset of eating disorder; or
(h) experiencing a category 1A stressor within the two years before the clinical worsening of eating disorder; or

(i) experiencing a category 1B stressor within the one year before the clinical worsening of eating disorder; or

(j) experiencing a category 2 stressor within the one year before the clinical worsening of eating disorder; or

(k) experiencing the death of a significant other within the one year before the clinical worsening of eating disorder; or

(l) having a clinically significant psychiatric condition as specified, within the two years before the clinical worsening of eating disorder; or

(m) having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability, within the two years before the clinical worsening of eating disorder; or

(n) inability to obtain appropriate clinical management for eating disorder.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(h) to 6(n) 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 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 category 1A stressor" means one or more of the following severe traumatic events:

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

"a category 1B stressor" means one of the following severe traumatic
events:
(a) being an eyewitness to a person being killed or critically
injured;
(b) viewing corpses or critically injured casualties as an eyewitness;
(c) being an eyewitness to atrocities inflicted on another person or
persons;
(d) killing or maiming a person; or
(e) being an eyewitness to or participating in, the clearance of
critically injured casualties;

"a category 2 stressor" means one or more of the following negative
life events, the effects of which are chronic in nature and cause the
person to feel on-going distress, concern or worry:
(a) being socially isolated and unable to maintain friendships or
family relationships, due to physical location, language barriers,
disability, or medical or psychiatric illness;
(b) experiencing a problem with a long-term relationship including:
the break-up of a close personal relationship, the need for
marital or relationship counselling, marital separation, or
divorce;
(c) having concerns in the work or school environment including:
on-going disharmony with fellow work or school colleagues,
perceived lack of social support within the work or school
environment, perceived lack of control over tasks performed and
stressful work loads, or experiencing bullying in the workplace
or school environment;
(d) experiencing serious legal issues including: being detained or
held in custody, on-going involvement with the police
concerning violations of the law, or court appearances
associated with personal legal problems;
(e) having severe financial hardship including: loss of employment,
long periods of unemployment, foreclosure on a property, or
bankruptcy;
(f) having a family member or significant other experience a major
deterioration in their health; or
(g) being a full-time caregiver to a family member or significant
other with a severe physical, mental or developmental disability;

"a clinically significant psychiatric condition as specified" means
any of the Axis I mood disorders, anxiety spectrum disorders,
substance abuse or substance dependence disorders, or attention-deficit
and disruptive behaviour disorders of mental health that attract a
diagnosis under DSM-IV-TR and is sufficient to warrant ongoing management. The ongoing management may involve regular visits (for example, at least monthly), to a psychiatrist, clinical psychologist or general practitioner;

"a significant other" means a person who has a close family bond or a close personal relationship and is important or influential in one’s life;

"an eyewitness" means a person who observes an incident first hand and can give direct evidence of it. This excludes a person exposed only to media coverage of the incident;

"death from 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;


"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;

"severe childhood abuse" means:
(a) serious physical, emotional, psychological or sexual harm whilst a child aged under 16 years; or
(b) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing whilst a child aged under 16 years;
where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who works with or around that child, or any other adult in contact with that child;

"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 2 July 2008.
Notes to Statement of Principles concerning eating disorder (Instrument No. 47 of 2008)

The Statement of Principles concerning eating disorder (Instrument No. 47 of 2008) in force under section 196B(2) of the Veterans’ Entitlements Act 1986, as shown in this compilation is amended as indicated in the Tables below.

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