Statement of Principles
concerning
VASCULAR DEMENTIA
Instrument No. 21 of 2006 as amended

made under section 196B(2) of the
Veterans’ Entitlements Act 1986

This compilation was prepared on 2 July 2010 taking into account Amendments of Statements of Principles concerning VASCULAR DEMENTIA (Instrument Nos. 63 of 2006 and 61 of 2010)

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

VASCULAR DEMENTIA
No. 21 of 2006

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 vascular dementia No. 21 of 2006.

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 vascular dementia and death from vascular dementia.

(b) For the purposes of this Statement of Principles, "vascular dementia" means a dementia meeting the following diagnostic criteria:

   A. The development of multiple cognitive deficits manifested by both:

      (1) memory impairment (impaired ability to learn new information or to recall previously learned information); and

      (2) one (or more) of the following cognitive disturbances:

         (a) aphasia (language disturbance);
         (b) apraxia (impaired ability to carry out motor activities despite intact motor function);
         (c) agnosia (failure to recognise or identify objects despite intact sensory function); or
         (d) disturbance in executive functioning (i.e., planning, organising, sequencing, abstracting).

   B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational
functioning and represent a significant decline from a previous level of functioning.

C. Focal neurological signs and symptoms (e.g., exaggeration of deep flexor tendon reflexes, extensor plantar response, pseudobulbar palsy, gait abnormalities, weakness of an extremity), or neuroimaging evidence indicative of cerebrovascular disease (e.g., multiple infarctions involving cortex and underlying white matter) that are judged to be aetiologically related to the disturbance.

D. The deficits do not occur exclusively during the course of a delirium.

(c) Vascular dementia attracts ICD-10-AM code F01.

(d) In the application of this Statement of Principles, the definition of "vascular dementia" 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 vascular dementia and death from vascular dementia 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 vascular dementia or death from vascular dementia with the circumstances of a person’s relevant service is:

(a) having a cerebrovascular accident before the clinical onset of vascular dementia; or

(b) having cerebrovascular disease before the clinical onset of vascular dementia; or

(c) having a cerebrovascular accident before the clinical worsening of vascular dementia; or
(d) having cerebrovascular disease before the clinical worsening of vascular dementia; or

(e) inability to obtain appropriate clinical management for vascular dementia.

Factors that apply only to material contribution or aggravation
7. Paragraphs 6(c) to 6(e) apply only to material contribution to, or aggravation of, vascular dementia where the person’s vascular dementia 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:

"cerebrovascular disease" means any abnormality of the brain resulting from a pathologic process of the cerebral blood vessels or decreased blood flow to the brain, including cerebral ischaemia, intracerebral haemorrhage or cerebral infarction;

"death from vascular dementia" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s vascular dementia;

"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;
"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 10 May 2006.
Notes to Statement of Principles concerning vascular dementia (Instrument No. 21 of 2006)

The Statement of Principles concerning vascular dementia (Instrument No. 21 of 2006) 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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