

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
- (c) 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;

**"DSM-IV-TR"** means the American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

**"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) the deliberate infliction of physical, emotional, psychological or sexual harm on a child under the age of 16 years by an adult, including parents, care providers, or people who work with or around that child; or
- (b) neglect of a child under the age of 16 years, where there is a failure by an adult, including parents, care providers, or people who work with or around that child, to provide conditions which are essential for the health, physical and emotional development, or wellbeing of that child.

This abuse must be serious enough to warrant ongoing intervention by a child protection agency; or ongoing medical or psychological management;

**"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.

Dated this *nineteenth* day of *June* 2008

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

KEN DONALD  
CHAIRPERSON