

Rehabilitation & Entitlements Policy Group

SOP Bulletin No. 173

24 March 2014

THE FOLLOWING RMA SOPS ARE TO TAKE EFFECT ON 26 MARCH, 2014

New SOPs	Somatic symptom disorder Periodic limb movement disorder
Revocations & Replacements	Restless legs syndrome Allergic rhinitis
Amendments	Chronic lymphoid leukaemia Alcohol use disorder Substance use disorder Ischaemic heart disease

NOTEWORTHY FEATURES

DSM-5 and SOPs

- This batch of SOPs includes the first group of psychiatric SOPs to have titles and definitions based on DSM-5 (the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders).
- The other psychiatric SOPs will be updated to incorporate DSM-5 based definitions, but the RMA has advised that this process is likely to take several years to finalise.
- We will therefore have some psychiatric SOPs that are based on DSM-IV criteria and others based on DSM-5 criteria for some time to come.
- As a result and as per the recently updated Commission guidelines for psychiatric claims (see relevant businessline), requests for diagnostic reports from psychiatrists now need to ask that the psychiatrist provide two sets of diagnoses, one based on the DSM-IV classification and one based on the DSM-5 classification.
- System changes are pending to facilitate this approach.

Somatic symptom disorder

New – 24 & 25 of '14

- This new SOP is the outcome from the RMA's non-SOP investigation into "somatoform disorder, unspecified". Any claims awaiting the conclusion of that investigation can now be determined (from 26 March).
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- This is the first RMA SOP based on DSM-5 (see section above and previous advice in SOP bulletin 169).
- This SOP covers a condition where the presenting symptoms (e.g. pain) are medically unexplained, or where the severity of the symptoms is not accounted for by the severity of an accompanying medical condition.
- This diagnosis replaces and encompasses the two types of DSM-IV pain disorder associated with psychological factors, as well as the DSM-IV diagnoses of somatization disorder and (in most cases) hypochondriasis.
- There can be considerable overlap between this disorder and other medically unexplained symptom disorders such as chronic fatigue syndrome, fibromyalgia and irritable bowel syndrome. More than one diagnosis concerning the same set of unexplained symptoms should not be made.

Periodic limb movement disorder	New – 26 & 27 of '14
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- This new SOP is the outcome from an RMA non-SOP investigation. Any claims awaiting the conclusion of that investigation can now be determined (from 26 March).
- In this disorder involuntary jerking movements of the limbs occur during sleep, with accompanying symptoms or problems related to that movement. It is a separate disorder to restless legs syndrome, with the latter occurring while both awake and asleep.
- A sleep study (showing at least 15 episodes/hr) is required for diagnosis.

Restless legs syndrome	Revocation – 20 & 21 of '14 Replaces 33 and 34 of '03
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- The definition has been amended and now contains more detail.
- New factors have been added for onset & worsening, for:
 - RH & BOP - smoking; obesity; a spinal cord lesion; multiple sclerosis; specified psychiatric conditions; specified sleep disorders; and pregnancy.
 - RH only - inability to undertake physical activity (as specified); dyslipidaemia; migraine; lung diseases (as specified); and hormone replacement therapy.

Allergic rhinitis	Revocation – 22 & 23 of '14 Replaces 03 and 04 of '03
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- There are new RH only factors for being overweight.

Chronic lymphoid leukaemia	Amendment – 28 of '14 Amends 09 of '05
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- The RH SOP has been amended at the direction of the Specialist Medical Review Council.
- New factors have been added for exposure to: magnetic fields at 50 to 60 Hz (i.e. from electric power); benzene (as specified); dioxin (TCDD), including via contaminated potable water; pesticides; and asbestos.
- SOP bulletin 79 contains information on exposure to magnetic fields at 50 to 60 Hz.

Alcohol use disorder	Amendment – 29 & 30 of '14 Amends 01 and 02 of '09
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- These SOPs amend the alcohol dependence and alcohol abuse SOPs by changing the SOP name and the definition. This updates the SOPs to reflect the DSM-5 terminology and definition. A distinction between alcohol dependence and alcohol abuse no longer needs to be made, with alcohol use disorder covering both these former categories.
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- There is also a change to the definition for ‘a clinically significant psychiatric condition’, which now has a sub-definition for ‘a specified disorder of mental health’. This is also a DSM-5 driven change.

Substance use disorder	Amendment – 31 & 32 of '14 Amends 03 and 04 of '09
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- These SOPs amend the drug dependence and drug abuse SOPs by changing the SOP name and the definition. This updates the SOPs to reflect the DSM-5 terminology and definition. A distinction between drug dependence and drug abuse no longer needs to be made, with substance use disorder covering both these former categories.
- Note that the substances covered by this SOP now include tobacco.
- The diagnosis made in cases of substance use disorder should identify the substance/s (e.g. “substance use disorder (amphetamines)” or “cannabis use disorder”).
- There is also a change to the definition for ‘a clinically significant psychiatric condition’, which now has a sub-definition for ‘a specified disorder of mental health’. This is also a DSM-5 driven change.

Ischaemic heart disease	Amendment – 33 & 34 of '14 Amends 89 and 90 of '07
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- New factors have been added, applying to acute infarct and sudden death only, for onset & worsening, for:
 - RH & BOP - undertaking physical activity of six METs or more, and
 - RH only – exposure to extremes of temperature or sudden changes in temperature, as specified.

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