Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Premenstrual Syndrome

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- A periodic health examination by the medical officer, Naval base health centre, dated 10 March 2011;
- An outpatient health record and pathology by the medical officer, dated 19 August 2013;
- An incident report and ship's medical record by the medical officer, Middle East, dated 18 June 2014;
- A psychiatric assessment by the consultant psychiatrist, dated 16 March 2015;
- A pathology report (vitamin D) dated 4 June 2015;
- An outpatient health record by the medical officer, dated 23 November 2015;
- A pelvic ultrasound by the radiologist, dated 10 February 2016;
- A gynaecology consultation and symptom charting by the gynaecologist, dated 17 February 2016;
- A ship's medical record by the medical officer, Middle East, dated 12 August 2019;
- A gynaecology and psychiatry review by the gynaecologist and consultant psychiatrist, dated 18 November 2019.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

21 January 2008 and 4 December 2021

Premenstrual Syndrome

You have stated that your condition was caused by:

- *having posttraumatic stress disorder at the time of the clinical onset of premenstrual syndrome*
- *having depressive disorder or anxiety disorder at the time of the clinical onset of premenstrual syndrome*
- *experiencing severe or sustained psychological stress for at least the 6 months before the clinical onset of premenstrual syndrome*
- *smoking at least 15 cigarettes per day for at least the 5 years before the clinical onset of premenstrual syndrome*
- *being obese, with a body mass index of 30 or more, at the time of the clinical onset of premenstrual syndrome*
- *working rotating shifts or watches that include night work for at least the 12 months before the clinical onset of premenstrual syndrome*
- *having vitamin D deficiency, with a serum 25-hydroxy vitamin D level below 50 nanomoles per litre, for at least the 6 months before the clinical onset of premenstrual syndrome*
- *having chronic insufficient sleep, averaging less than 6 hours of sleep per night, for at least the 6 months before the clinical onset of premenstrual syndrome*

Diagnosis: Premenstrual Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 July 2025, and is supported by a gynaecology consultation and symptom charting by the gynaecologist, dated 17 February 2016.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having posttraumatic stress disorder at the time of the clinical onset of premenstrual syndrome*
- *having depressive disorder or anxiety disorder at the time of the clinical onset of premenstrual syndrome*
- *experiencing severe or sustained psychological stress for at least the 6 months before the clinical onset of premenstrual syndrome*

- *smoking at least 15 cigarettes per day for at least the 5 years before the clinical onset of premenstrual syndrome*
- *being obese, with a body mass index of 30 or more, at the time of the clinical onset of premenstrual syndrome*
- *working rotating shifts or watches that include night work for at least the 12 months before the clinical onset of premenstrual syndrome*
- *having vitamin D deficiency, with a serum 25-hydroxy vitamin D level below 50 nanomoles per litre, for at least the 6 months before the clinical onset of premenstrual syndrome*
- *having chronic insufficient sleep, averaging less than 6 hours of sleep per night, for at least the 6 months before the clinical onset of premenstrual syndrome*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with irritability, mood swings, tearfulness, anxiety and a sense of being overwhelmed, with food cravings, bloating, breast tenderness, headaches and poor sleep, in the seven to ten days before each period on 23 November 2015.

The diagnosis was confirmed on 17 February 2016 by a gynaecologist on the basis of two cycles of prospective Daily Record of Severity of Problems charting, which showed marked emotional and physical symptoms in the luteal phase, a clear symptom-free interval in the follicular phase, and impairment of work and relationships. This meets the accepted diagnostic criteria for premenstrual syndrome of the Royal College of Obstetricians and Gynaecologists and the International Society for Premenstrual Disorders.

This has then led to further investigations and the diagnosis of your condition of *Premenstrual Syndrome*. I have accepted your condition of *Premenstrual Syndrome*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 20 October 2015.

Premenstrual Syndrome (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 July 2025;
- A periodic health examination by the medical officer, Naval base health centre, dated 10 March 2011;
- An outpatient health record and pathology by the medical officer, dated 19 August 2013;
- An incident report and ship's medical record by the medical officer, Middle East, dated 18 June 2014;
- A psychiatric assessment by the consultant psychiatrist, dated 16 March 2015;
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- A gynaecology consultation and symptom charting by the gynaecologist, dated 17 February 2016;
- A ship's medical record by the medical officer, Middle East, dated 12 August 2019;
- A gynaecology and psychiatry review by the gynaecologist and consultant psychiatrist, dated 18 November 2019.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

21 January 2008 and 4 December 2021

Premenstrual Syndrome (Worsening)

You have stated that the worsening of your condition was caused by:

- *experiencing severe or sustained psychological stress for at least the 3 months before the clinical worsening of premenstrual syndrome*
- *working night shifts or rotating shifts that include night work for at least the 3 months before the clinical worsening of premenstrual syndrome*

- *smoking at least 15 cigarettes per day for at least the 6 months before the clinical worsening of premenstrual syndrome*
- *having vitamin D deficiency, with a serum 25-hydroxy vitamin D level below 50 nanomoles per litre, at the time of the clinical worsening of premenstrual syndrome*
- *having posttraumatic stress disorder or depressive disorder at the time of the clinical worsening of premenstrual syndrome*
- *inability to obtain appropriate clinical management for premenstrual syndrome*

Diagnosis: Premenstrual Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 July 2025, and is supported by a gynaecology consultation and symptom charting by the gynaecologist, dated 17 February 2016.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *experiencing severe or sustained psychological stress for at least the 3 months before the clinical worsening of premenstrual syndrome*
- *working night shifts or rotating shifts that include night work for at least the 3 months before the clinical worsening of premenstrual syndrome*
- *smoking at least 15 cigarettes per day for at least the 6 months before the clinical worsening of premenstrual syndrome*
- *having vitamin D deficiency, with a serum 25-hydroxy vitamin D level below 50 nanomoles per litre, at the time of the clinical worsening of premenstrual syndrome*
- *having posttraumatic stress disorder or depressive disorder at the time of the clinical worsening of premenstrual syndrome*
- *inability to obtain appropriate clinical management for premenstrual syndrome*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with irritability, mood swings, tearfulness, anxiety and a sense of being overwhelmed, with food cravings, bloating, breast tenderness, headaches and poor sleep, in the seven to ten days before each period on 23 November 2015.

The diagnosis was confirmed on 17 February 2016 by a gynaecologist on the basis of two cycles of prospective Daily Record of Severity of Problems charting, which showed marked emotional

and physical symptoms in the luteal phase, a clear symptom-free interval in the follicular phase, and impairment of work and relationships. This meets the accepted diagnostic criteria for premenstrual syndrome of the Royal College of Obstetricians and Gynaecologists and the International Society for Premenstrual Disorders.

After the condition arose, it was worsened during your service. On non-warlike service in the Middle East from March 2019 you took part in repeated night boardings, which re-triggered memories of the 2014 accident, throughout the 3 months before the worsening from 12 May 2019 to 12 August 2019. Despite the 2016 recommendation against night watchkeeping, you were rostered to the middle and morning watches on non-warlike service in the Middle East throughout the 3 months before the worsening, from 12 May 2019 to 12 August 2019, averaging about five hours of sleep a day. You smoked about 20 cigarettes a day throughout the 6 months before the worsening, from 12 February 2019 to 12 August 2019, including on deployment. Your vitamin D was 34 nmol/L on 14 August 2019, tested on board after the worsening, after months below decks in the operations room without supplementation. Posttraumatic stress disorder and major depressive disorder, arising from your 2014 non-warlike service, were active at the worsening, with a PCL-5 score of 48 recorded on 12 August 2019. On non-warlike service in the Middle East your combined oral contraceptive supply ran out in July 2019 and could not be replaced at sea, no gynaecology or psychiatry review was available, and your restriction from night watches was not applied.

This has then led to further investigations and the diagnosis of your condition of *Premenstrual Syndrome (Worsening)*. I have accepted your condition of *Premenstrual Syndrome (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 12 August 2019.

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