Assessing the dizzy patient

Advice on how to treat and when to refer

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TREATMENT

- **No Pulse audiovestibular physician**

  **Acknowledgement:** Dr Peter Hospitales NHS Trust.

  **Pulse audiovestibular physician at Portsmouth**

  **experience:**

  - **Advice on how to treat and when to refer**
  - **Explanatory notes, treatment options and suggestions for onward referral**

  - **•**
  - **dizziness presented here is not absolute**
  - **disorder of the vestibular system**

  - **Vestibular epilepsy is very rare. Vertigo can be the aura**
  - **•**
  - **•**
  - **•**
  - **•**
  - **•**
  - **•**
  - **•**
  - **•**

  - **The commonest cause of vertigo is a**
  - **•**
  - **•**
  - **•**
  - **•**

  - **The distinction between vertigo and**
  - **•**
  - **•**
  - **•**
  - **•**

  - **Central vertigo is one of more of**

  - **Bidirectional (changes direction with**
  - **•**
  - **•**
  - **•**
  - **•**

  - **The basis of vertigo is a**

  - **Positive Hallpike:**

  - **Benign paroxysmal positional vertigo (BPPV).**

  - **Positive Dix-Hallpike:**

  - **Labyrinthitis (neurological if CNS features present)**

  - **Vascular labyrinthine damage. Hearing loss ± tinnitus =**

  - **Vertebrobasilar ischaemia (if there are other posterior circulation features)**

  - **Consider neurological causes. If patient feels off**

  - **balance or unsteady consider:**

  - **Antibiotic therapy**

  - **Consider:**

  - **Tinnitus =**

  - **Consider:**

  - **Intermittent vertigo due to**

  - **Recurrent spontaneous**

  - **BPPV:**

  - **Vestibular neuritis/labyrinthitis**

  - **Vascular (stroke) if post-stroke vertigo.”**

  - **Consider peripheral vestibulopathy**

  - **Migrainous vertigo (vestibular migraine)**

  - **Ménière’s disease**

  - **Recurrent peripheral vestibulopathy (neuritis, labyrinthitis)**

  - **Vestibular rehabilitation.**

  - **Intermittent vertigo, improve-quality of life:**

  - **Vertigo is the vertigo…**

  - **Spontaneous? If so, establish**

  - **If vertigo lasts several minutes to hours, consider:**

  - **Asymptomatic nystagmus on Hallpike test**

  - **Refer vertigo/dizziness associated with**

  - **diabetes/strokes to ENT without delay**

  - **Imbalance is often mislabelled dizziness – include otovestibular hypotension and displayed in Chapter 3.)**

  - **Consider peripheral neuropathy and check**

  - **Hyperventilation syndrome to physiotherapy for**

  - **Hyperventilation syndrome may need referral to audiology/**

  - **References:**

  - **To cardiology**

  - **To AVM for aetiological**

  - **To AVM or neurology, as per local**

  - **To AVM/ENT or neurology, as per local guidelines**

  - **To neurology**

  - **To cardiology” (Cawthorne-Cooksey exercises can be**

  - **Brandt-Daroff’s exercises are not as effective and compliance is poor**

  - **Prochlorperazine for 72 hours**

  - **For horizontal canal BPPV use the head-roll test – head elevated to**

  - **Latent period 2-40 secs; upbeat (beats to upper pole of the eye),**

  - **Refractory for Epley, horizontal**

  - **Cervical vertigo to stroke/neurology**

  - **Neurological cause (ie stroke) if central nystagmus present**

  - **Viral (vestibular neuritis) labyrinthine damage**

  - **Post-stroke vertigo.”**

  - **Alcohol-related episodes are not as effective and compliance is poor**

  - **Consider:**

  - **Conservative measures (eg lifestyle modifcations. If no better, consider**

  - **Neurological causes: Look for abnormal eye movements or**

  - **Impaired postural-perceptual dizziness (PPPD)**

  - **Consider:**

  - **Review antihypertensives if otovestibular**

  - **Consider peripheral neuropathy and check**

  - **Previous episode with occipital headache (vertical and/or direction-changing nystagmus) OR if fi rst**

  - **Migrainous vertigo (vestibular migraine)**

  - **Ménière’s disease**

  - **Recurrent peripheral vestibulopathy (neuritis, labyrinthitis)**

  - **Neurological cause (ie stroke) if central nystagmus present**

  - **Vascular labyrinthine damage. Hearing loss ± tinnitus =**

  - **Vertebrobasilar ischaemia (if there are other posterior circulation features)**

  - **Consider:**

  - **Vestibular epilepsy is very rare. Vertigo can be the aura**

  - **Consider:**

  - **If profuse vomiting consider rehydration;**

  - **If vertigo is…**

  - **Vertigo presents**

  - **A sensation of self-motion when**

  - **…a single episode**

  - **Multiple/recurrent episodes lasting minutes to hours**

  - **…constant**

  - **Is the vertigo…**

  - **Or**

  - **By change in head position**

  - **Or**

  - **By head or body movement**

  - **Is the vertigo…**

  - **Or**

  - **Impplies DIZZINESS (not necessarily due to a vestibular disorder)**

  - **Impplies VERTIGO (most likely a vestibular disorder)**

  - **A sensation of self-motion when**

  - **An altered sensation of**

  - **Spatial orientation without**

  - **a false or altered movement**

  - **Implies VERTIGO (most likely a**

  - **Implies VERTIGO (most likely a**

  - **An altered sensation of**

  - **Spatial orientation without**

  - **a false or altered movement**

  - **DIZZINESS (not necessarily due to a vestibular disorder)**

  - **VERTIGO (most likely a vestibular disorder)**

  - **Is the vertigo…**

  - **Or**

  - **Implies VERTIGO (most likely a vestibular disorder)**

  - **DIZZINESS (not necessarily due to a vestibular disorder)**

  - **Is the vertigo…**

  - **Or**

  - **Implies VERTIGO (most likely a vestibular disorder)**

  - **DIZZINESS (not necessarily due to a vestibular disorder)**

  - **Is the vertigo…**

  - **Or”**