Primary Care Advice and Guidance
Vertigo and Dizziness

General principles

- Common, usually benign.
- Wide differential for dizziness. Vertigo = illusion of movement e.g. room spinning.
- Differentiate from light-headedness or presyncope (a feeling you are going to faint), or dissociation (feeling disconnected from your body or the world around you).
- Seek helpful pointers in the history (see below).
- Review medication in detail for side effects; alcohol and illegal drug history.
- Targeted examination.
- Treat BPPV then and there if identified – this can be very rewarding.
- Do NOT give vestibular sedatives e.g. betahistine, prochlorperazine for more than 3 weeks (except for Meniere's).

Common causes of vertigo

1.Benign paroxysmal positional vertigo (BPPV):

- Short lasting (seconds) bursts of vertigo with head movement e.g. rolling over in bed, getting up, looking up.
- Very common in elderly but also in young people, especially after head injury.
- If Dix-Hallpike positive bilaterally, treat worst side first then other side after 2-3 weeks.
- If history suggests BPPV but Dix-Hallpike negative consider log roll test for lateral semicircular canal (~5% cases BPPV).

2.Vestibular migraine:

- Lasting hours to days.
- Associated migraine features e.g. photosensitivity, often without significant headache.
- Normal Dix-Hallpike.

3.Labyrinthitis/vestibular neuronitis:

- Acute onset disabling vertigo with prominent vomiting lasting for days.
- Can decompensate due to persistent deficit or turn into PPPD.

4.Persistent perceptual postural dizziness (PPPD):

- Constant, fluctuating dizzy feeling despite absence of evidence of vestibular or central cause.
- Can arise after acute vestibular problem.
- Considered to be a type of functional neurological symptom.

5.Meniere's:

- Rare. Vertigo lasting hours with feeling of fullness in the ear and often hearing loss or tinnitus.

Concerning causes of vertigo (almost always have other brainstem symptoms/signs)

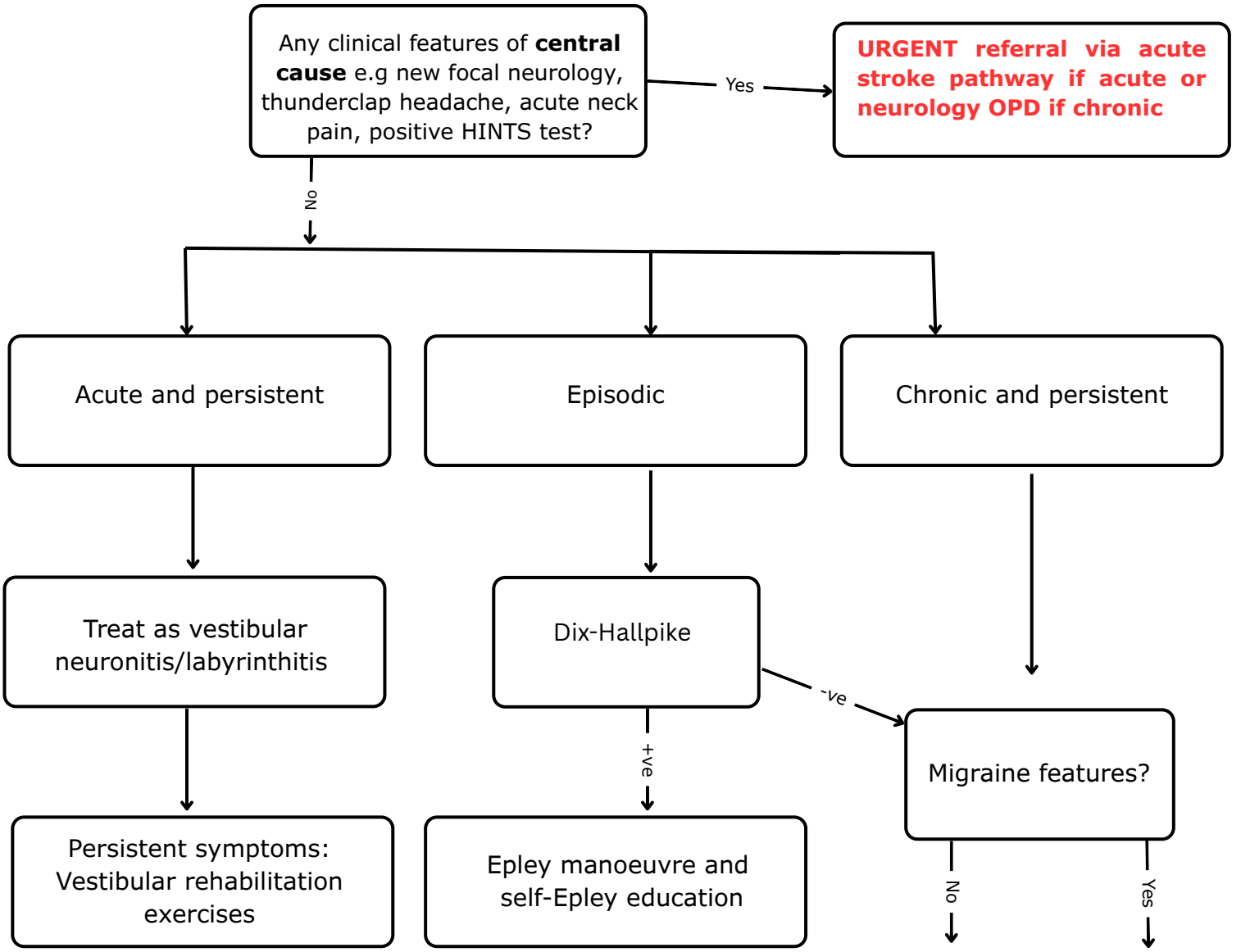
1. Posterior circulation stroke e.g. embolic or dissection.
2. MS
3. Other brainstem pathology.
4. Acoustic neuroma (chronic progressive symptoms).

GIG CYMRU NHS WALES | Rhwydwaith Niwrolegol Neurological Network

GIG CYMRU NHS WALES | Perfformiad a Gwella Performance and Improvement

Primary Care Advice and Guidance
Vertigo and Dizziness

Approach



Useful links

Dix - Hallpike manoeuvre – GPnotebook

HINTS (head-impulse-nystagmus-test-of skew) – GPnotebook

Vestibular rehabilitation exercises:
Balancing_Retraining_(Nov_2023).pdf

GIG CYMRU NHS WALES
Rhwydwaith Niwrolegol
Neurological Network

GIG CYMRU NHS WALES
Perfformiad a Gwella
Performance and Improvement