

# The 'DIZZY' patient...

## What do they mean by dizzy?

- Unsteadiness?
- Feeling faint?
- Light-headedness?
- Feeling of rotation/ room spinning...

→ **VERTIGO**- can have a central or peripheral cause

	Peripheral	Central
Onset	Sudden	Gradual
Intensity	Severe	Mild
Duration	Seconds	Continuous
Neurological symptoms	None	Usually present
Hearing loss/tinnitus	May be present	None
Nausea + vomiting	Frequent, severe	Infrequent, mild

**Spontaneous episodes:** Acute vestibular neuronitis, cerebrovascular disease, Meniere's disease, migraine

**With change in head position:** acute labyrinthitis, BPPV, perilymphatic fistula, cerebellopontine angle tumour

**On standing:** postural hypotension

## BPPV

- Peripheral- often self limiting
- Sudden short-lived vertigo
- Elicited by specific head movements
- No associated symptoms/neuro signs

**Diagnosis:** Dix-Hallpike manoeuvre

**Treatment:** Epley manoeuvre

Duration	Possible causes
Seconds	BPPV
Minutes- 1 hour	Meniere's disease TIA Perilymphatic fistula
Hours	Meniere's disease Perilymphatic fistula Migraine Acoustic neuroma Endolymphatic hydrops
Days to weeks	Labyrinthitis Migraine Multiple sclerosis Stroke

## History for Vertigo

- Onset and duration
- Precipitating factors
- Associated symptoms
- Other medical problems

Vascular disease

Multiple sclerosis

Cardiac disease esp. arrhythmias

Drug history- OTOTOXIC DRUGS

- Aminoglycosides
- Anti-malarials
- Loop diuretics
- Cisplatin/ carboplatin

Deafness

Tinnitus

Otalgia

Full feeling in ear

Discharge from ear

Neurological symptoms

In adults with unilateral ear symptoms (hearing loss/ tinnitus/ otorrhoea) consider **VESTIBULAR SCHWANNOMA**