# Dizziness

DRAFT

Disclaimer:
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References:
1. London Clinical Networks
2. Dr Peter Johns Assistant Professor, Department of Emergency Medicine, University of Ottawa
3. ENT consultant Spire Little Aston Jan 2018.

Focus on Onset, Triggers and Duration rather than focusing too long on the type of diziness.

Use a piece of paper at edge of field of view ehen testing for nystgmus
To avoid fixation of an object on the wll which can supress the nystagmus.

BPPV takes 1day to 4 weeks in ??? ???

## Imbalance

- Sensation that you might fall when you are standing.
- So if this feeling occurs while sitting or in bed, then likely to be dizzyness.

## Vertigo

- Feel like either you are moving, or your enviroment is moving.
- Note that all casues of vertigo are made worse with head movements.

Rule out red flags

Suggests stroke:
- Hyperacute onset e.g. embolic stroke.
- Particularly if were doing valsalva manouvre e.g. bending over.
- Gait ataxia or can't sit upright.
- Headache which they do not usually suffer with, especially if occipital could be cerebellar stroke.
- Sustained significant nexk pain (vertebral artery disessection).
- Hearing loss, due to blockage of branch of anterior inferior cerebellar artery, which supplies the labryrinth and the choclea.

- If recurrent episodes, then likely vestibular migraine.

severe vertigo right now
i.e. acute vestibular syndrome

not severe vertigo right now

- Spontaneous nystagmus
- Nystagmus on lateral gaze
- Worse with head movements
- Nausea or vomiting
- Difficult to walk

Differentials include:
- BPPV
- Vestibular migraine
- Chronic dizziness
- Vertebrobasilar insifficiency
- Cervicogenic

- Assess for stroke/vestibular neuritis using HINTs test ONLY if nystagmus occuring right now at rest.
- Useless to do if NO nystagmus at rest.

Investigations

### Head Impulse

- What will an abnormal +ve test look like?
- The eyes drift off the target and then a catchup saccade eye movement occurs to bring the eyes back to the midline.

- Abnormal (+ve) test is good, because it means the problem is with the peripheral nerve i.e. it is not central (brain).
- Almost all pt's with vestibular neuritis are +ve.

Normal (-ve) test is bad, because almost all pt's with a stroke are -ve.

### Nystagmus

Changes with direction of gaze

Does not change with direction of gaze is good

but could still be

Possible stroke

### Test of skew

Vertical skew deviation

No vertical skew deviation is good

Possible stroke

Hearing loss

### Yes

episodic vertigo

persistent vertigo

#### Meniere disease

classic triad

- Vertigo.
- Tinnitus.
- Fluctuating hearing loss.

- Refer to ENT.

- Vestibular sedatives (short term).
- Betahistine.
- Diuretics e.g. bendroflumethiazide.
- Low salt diet.
- Steroids or gentamicin ear drops.
- Surgery (rarely).

#### Labyrinthitis

- Fast component is away from the affected ear.
- I look away from the affected ear = worse nystagmus.
- If look towards the affected ear = nystagmus stops or is less.

- STAT ENT review within 12 hours, as may indicate acute ischaemia of labyrinth or brainstem.

### No

#### Vestibular neuritis

- Nystagmus beats away from the affected ear.

- Bed rest if severe
- DVLA advice
- Vestibular sedatives.

People liable to 'sudden attacks of unprovoked or unprecipitated disabling giddiness' should stop driving'.

Regular for 3 days, then only PRN, as any longer than 1 week as will impair recovery

- Buccal prochlorperazine
- Cinnarizine
- Cyclizine
- Promethazine

- Dystonic reaction in young women
- Less sedating than others

- Recurrent labrinthytis or vestibular neuritis does not exist !
- Most likely it was misdiagnosed in the first instance i.e. it was BPPV or vestibular migraine, which can both be recurrent.

## BPPV

- If the history is very convincing, but -ve Dix-Hallpike bilaterally, can advise them to do Brandt Daroff exercises (as per ENT consultant).

## Vestibular migraine

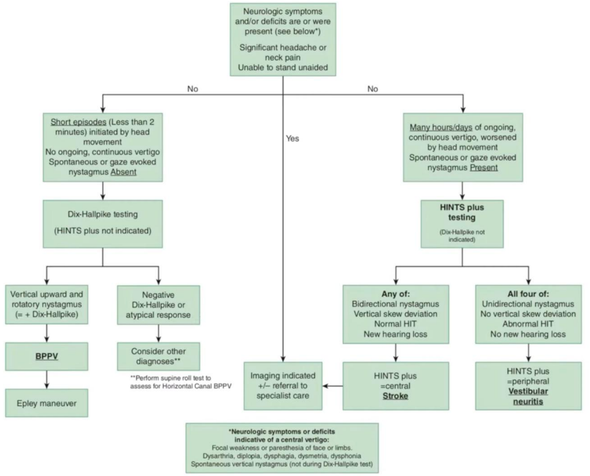


**FIGURE 170-2.** Flow chart of the initial approach to the diagnosis of acute vertigo. BPPV = benign paroxysmal positional vertigo; HINTS = head impulse test, nystagmus, test of skew; HIT = head impulse test.