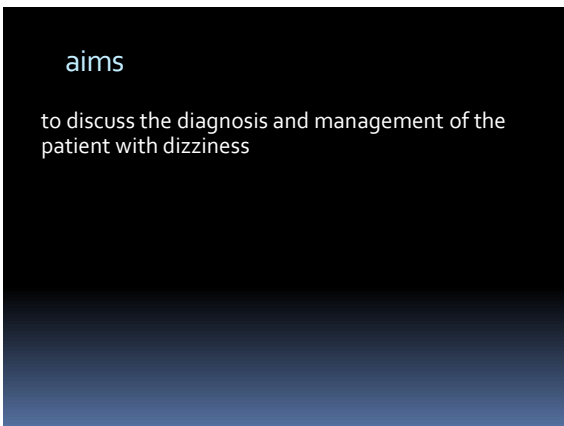




1



2



3

aims

to discuss the diagnosis and management of the patient with dizziness

with the aid of some patient consultations (consent has been given for these but please no recording)

4

objectives

give a differential diagnosis for a patient presenting with dizziness

list the typical symptoms BPPV, vestibular neuritis, Meniere's syndrome, vestibular migraine, orthostatic hypotension, brain stem CVA

note the key questions in the history of the dizzy patient

design a management plan for these conditions

5

assessment

history

6

assessment
before the history comes examination

7

assessment
before the history comes examination – but only in the dizzy patient

8

assessment
before the history comes examination – but only in the dizzy patient
examine for gait and arm sway

9

assessment

before the history comes examination – but only in the dizzy patient

examine for gait and arm sway

shuffling gait Parkinson's or normal pressure
hydrocephalus

wide gait of a cerebellar disorder

10

history

description

11

history

description – are there episodes of apparent movement when the patient is at rest

12

history

description – are there episodes of apparent movement when the patient is at rest

then we may well be dealing with an inner ear disorder

13

history

description – if there is an initial event, detailed history of this

14

history

description
initiating / exacerbating factors

15

history

description
initiating / exacerbating factors
time course

16

history

description
initiating / exacerbating factors
time course
associated symptoms – ear

17

history

description
initiating / exacerbating factors
time course
associated symptoms – ear and non-ear

18

history

description
initiating / exacerbating factors
time course
associated symptoms – ear and non-ear
relation to movement and head position

19

history

discriminator questions

20

history

discriminator questions

do you get dizzy turning over in bed?

2023

21

history

discriminator questions

do you get dizzy turning over in bed?
are you light or sound sensitive during dizzy attacks?

BPPV vestibular migraine vestibular migraine

22

history

discriminator questions

do you get dizzy turning over in bed?
are you light or sound sensitive during dizzy attacks?
do you get fullness in your ears with dizzy attacks?

BPPV vestibular migraine vestibular migraine

23

history

discriminator questions

do you get dizzy turning over in bed?
are you light or sound sensitive during dizzy attacks?
do you get fullness in your ears with dizzy attacks?
is your dizziness worse at the time of your period?

BPPV vestibular migraine vestibular migraine vestibular migraine

24

history

discriminator questions

do you get dizzy turning over in bed?
are you light or sound sensitive during dizzy attacks?
do you get fullness in your ears with dizzy attacks?
is your dizziness worse at the time of your period?
do you get dizzy getting up quickly?

BPPV vestibular migraine vestibular migraine vestibular migraine orlistatin

25

history

discriminator questions

do you get dizzy turning over in bed?
are you light or sound sensitive during dizzy attacks?
do you get fullness in your ears with dizzy attacks?
is your dizziness worse at the time of your period?
do you get dizzy getting up quickly?
do you pass out with your dizziness?

BPPV vestibular migraine vestibular migraine vestibular migraine orlistatin cardizem

26

history

discriminator questions

do you get dizzy turning over in bed?
are you light or sound sensitive during dizzy attacks?
do you get fullness in your ears with dizzy attacks?
is your dizziness worse at the time of your period?
do you get dizzy getting up quickly?
do you pass out with your dizziness?
could you stand when you had your dizzy attack?

BPPV vestibular migraine vestibular migraine vestibular migraine orlistatin cardizem beta beta verdo

27

history

discriminator questions

do you get dizzy turning over in bed?
 are you light or sound sensitive during dizzy attacks?
 due you get fullness in your ears with dizzy attacks?
 is your dizziness worse at the time of your period?
 do you get dizzy getting up quickly?
 do you pass out with your dizziness?
 could you stand when you had your dizzy attack?
 was you first attack severe with nausea and vomiting lasting hours?

BPPV vestibular migraine vestibular migraine vestibular migraine orthostasis cardiology brain stem stroke vestibular neuritis

28

history

discriminator questions

do you get dizzy turning over in bed?
 are you light or sound sensitive during dizzy attacks?
 due you get fullness in your ears with dizzy attacks?
 is your dizziness worse at the time of your period?
 do you get dizzy getting up quickly?
 do you pass out with your dizziness?
 could you stand when you had your dizzy attack?
 was you first attack severe with nausea and vomiting lasting hours?
 do you have rotational dizziness (hours) with hearing loss in 1 ear?

BPPV vestibular migraine vestibular migraine vestibular migraine orthostasis cardiology brain stem stroke vestibular neuritis meningitis

29

history

discriminator questions

do you have persistent sensation of rocking / swaying / unsteadiness without rotational vertigo, which most of the time, for at least the past few months?
 and worse with upright posture, movement or exposure to complex motion rich environments?
 and did it start with a specific event?
 and do you have anxiety or depression?
 and do you avoid situations that make your symptoms worse or are you afraid that something bad will happen?

PPD persistent postural perceptual dizziness

30

assessment

examination

31

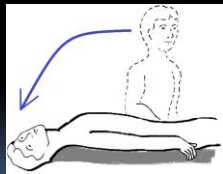
assessment

examination cranial nerve exam

32

examination

always do a Hall Pikes test

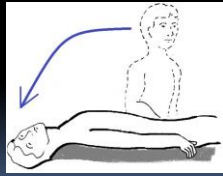


33

examination

always do a Hall Pikes test

BPPV is common



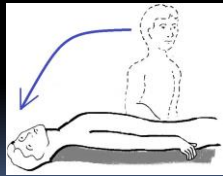
34

examination

always do a Hall Pikes test

BPPV is common

it frequently coexists with other pathology



35

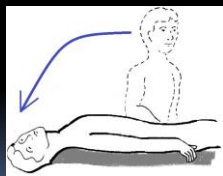
examination

always do a Hall Pikes test

BPPV is common

it frequently coexists with other pathology

auscultate over the carotids



36

examination

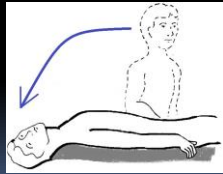
always do a Hall Pikes test

BPPV is common

it frequently coexists with other pathology

auscultate over the carotids

sitting up is a good test for postural drop



37

examination

do a Halmagyi test

38

abnormal
VOR

patient
head turns
left

saccade =
vestibular
dysfunction



39

conditions

- BPPV
- vestibular neuritis
- Meniere's syndrome
- vestibular migraine
- orthostatic hypotension
- brain stem CVA
- 3PD (persistent postural perceptive dizziness)

40

conditions

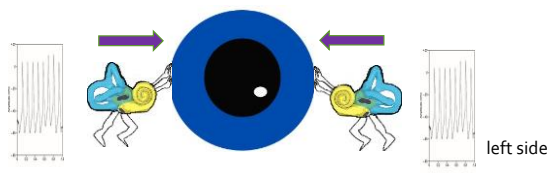
- BPPV
- vestibular neuritis
- Meniere's syndrome
- vestibular migraine
- orthostatic hypotension
- brain stem CVA
- 3PD (persistent postural perceptive dizziness)

41

normal situation

right side

action of the inner ear on the eyes

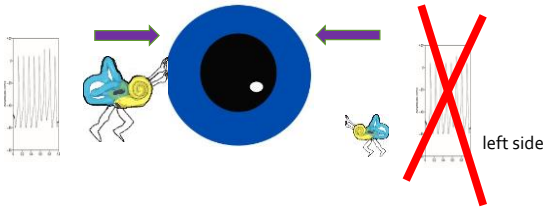


42

left vestibular failure

right side

action of the inner ear on the eyes

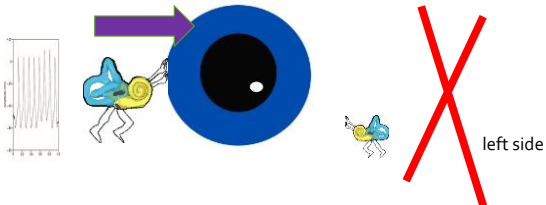


43

left vestibular failure

right side

action of the inner ear on the eyes

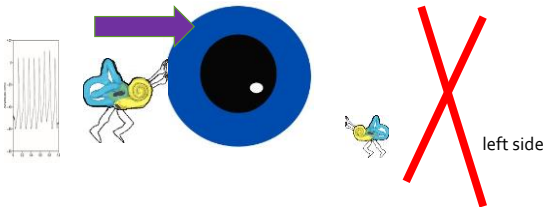


44

nystagmus

right side

action of the inner ear on the eyes

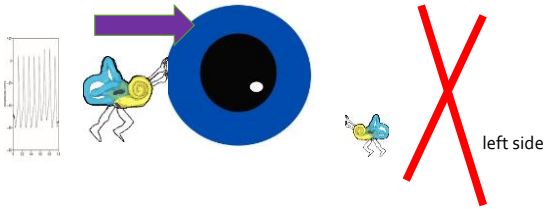


45

Halmagyi test

right side

action of the inner ear on the eyes



46



47



48

treatment?

vestibular rehabilitation exercises

49

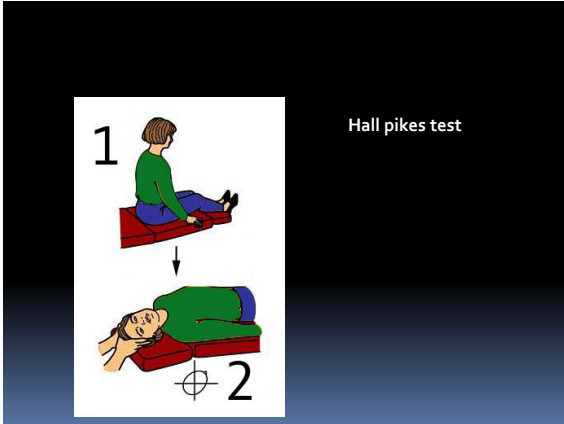


50

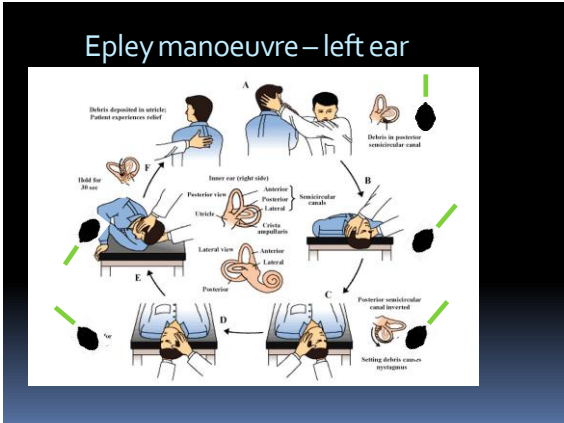
treatment?

Epley manoeuvre

51



52



53



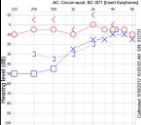
54

Diagnostic criteria for Menière's disease
 Jose A. Lopez-Escamez^{1,2*}, John Carey³, Wuu-Ho Chung⁴, Joel A. Goebel⁵, Milla Magnusson⁶,
 Manoj Mandal⁷, David E. Newman-Tokar⁸, Michael Sanyal⁹, Marlene Sasaki¹⁰, Praveen Tabinat¹¹ and
 Alexandre Batsford¹²
Journal of Vestibular Research 25 (2015) 1-7
 DOI: 10.3233/JVR-150549
 IOS Press

diagnostic criteria

definite
 2+ attacks of vertigo 20 mins to 12 hours
 low frequency SNHL during/after attack (>30 dB, 2 frequency below 2KHz)
 fluctuating aural symptoms (hearing loss, tinnitus or fullness)
 no other cause identified

probable
 2+ attacks of vertigo or dizziness 20 min to 24 hours
 fluctuating aural symptoms (hearing loss, tinnitus, fullness)
 no other cause identified



major differential diagnosis is migraine (migraine is much more common)

55

management options – Meniere's

<p>disease modifying</p> <p>diet</p> <ul style="list-style-type: none"> Salt Caffeine Alcohol <p>medications</p> <ul style="list-style-type: none"> Betahistine Thiazide diuretic <p>IT steroids</p> <p>sacculus decompression</p> <p>surgery</p>	<p>ablative</p> <p>IT gentamicin</p> <p>labyrinthectomy</p> <p>vestibular nerve section</p>
---	--

56

treatment?

57

3PD persistent postural perceptive dizziness

do you have persistent sensation of rocking / swaying / unsteadiness without rotational vertigo, which most of the time, for at least the past few months?
and
worse with upright posture, movement or exposure to complex motion rich environments?
and
did it start with a specific event?
and
do you have anxiety or depression?
and
do you avoid situations that make your symptoms worse or are you afraid that something bad will happen?

58

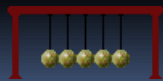
3PD (persistent postural perceptive dizziness)

treatment

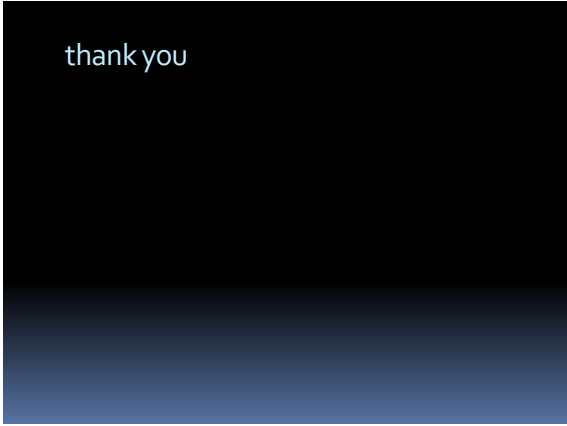
vestibular rehab
CBT

59

questions?



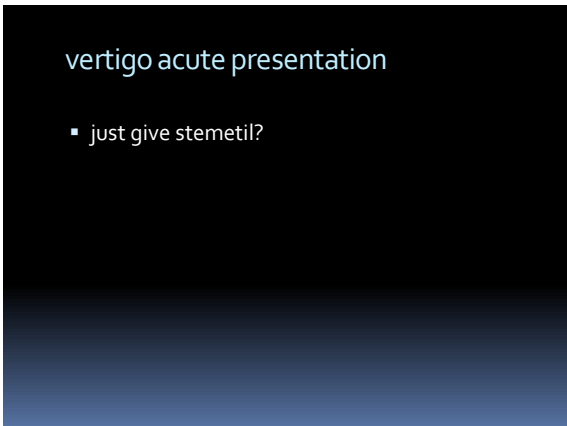
60



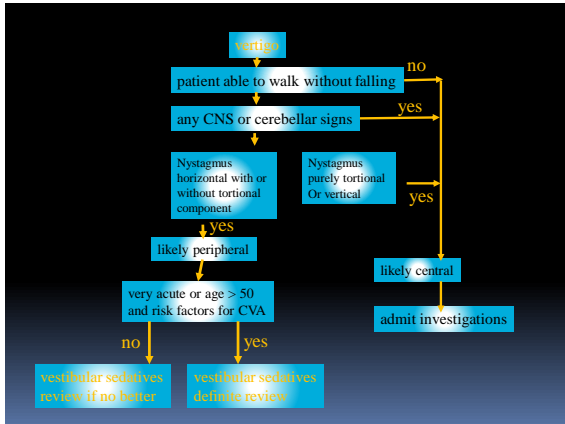
61



62



63



64

questions?

65
