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Dizziness

➢If there is clinical suspicion of an active cerebrovascular event, call EMS

ASK: "Does it feel like either the room is spinning or that you are spinning?" and/or "Is it triggered or worsened by turning your head or rolling over in bed?"

► YES = VERTIGO

➢ If patient has focal neurological signs, vertical or multi-directional nystagmus, or CVS disease risk factors, suspect a serious central cause; consider head imaging

Ask about: onset, duration, nausea, vomiting, hearing loss, tinnitus, headache, imbalance, aural fullness, ear pain, rash, facial paralysis, medications

BENIGN PAROXYSMAL POSITIONAL VERTIGO (most common)

- brief, recurrent episodes (seconds to minutes), +/- nausea and vomiting

Dx: Dix-Hallpike maneuver: Rotate pt's head 45° to one side, lay pt supine with neck slightly extended → +ve on that side if vertigo and nystagmus elicited; if not, repeat with pt's head rotated to other side

Tx: Epley maneuver:

<Pause at each position until any nystagmus approaches termination (~20s)>

Stand at head of table, hands on pt. Reassure that nausea/vertigo is expected.

1. Lay pt supine, with head over end of table. Rotate head 45° to affected side.
2. Slowly rotate pt's head to looking up and then 45° to opposite side.
3. Rotate head/body together so pt is facing downward at 135° (looking at baseboard or your shoe).
4. Sit pt up sideways, keeping their head rotated.
5. Slowly rotate pt's head so they are facing forward and tilt chin down 20°.

Vestibular Neuritis – rapid onset, severe, persistent (days), N/V, imbalance

Ménière's Disease – recurrent episodes (minutes to hours), fluctuating hearing loss, tinnitus, and sensation of aural fullness

Vestibular Toxicity – aminoglycosides (eg. gentamycin), loop diuretics, ASA, NSAIDs, amiodarone, quinine, cisplatin

► NO = OTHER FORM OF DIZZINESS

Presyncopal Dizziness – "feels like nearly fainting or blacking out"

Initial Investigations: Hx, P/E (incl. orthostatic BP measurements), ECG

Triggered by exertion? Chest pain/palpitations? Known structural heart dz? FmHx of sudden death? Abnormal ECG? (if pt stable, fax ECG for urgent advice)

↘ If yes to any, suspect cardiac etiology. Refer to Emergency.

↓ No

Orthostatic hypotension present on P/E?

↘ If yes: investigate underlying cause. New meds or alcohol? Consider CBC/lytes

↘ If no: likely vasovagal/situational etiology. If recurrent episodes or pt is at risk of injury, consider referral for tilt test (+/- carotid sinus massage if >40 yo)

Disequilibrium Dizziness – "unsteadiness while walking"

Often multifactorial, common in elderly, ↑ risk of falls. Complete neuro and MSK exams to rule out peripheral neuropathy, Parkinsonism, MSK d/o, CVA, etc

Nonspecific Dizziness – "woozy", "giddy", "light-headed"

DDx: hypoglycemic (glucose), thyroid disease (TSH), pregnancy (ß-HCG), meds, psychiatric disorders, alcohol/drugs, menstruation, previous head trauma

Key References: Epley J. The canalith repositioning procedure: for treatment of benign paroxysmal positional vertigo. *Otolaryngol Head Neck Surg* 1992;**107**(3):399-404. Labuguen RH. Initial evaluation of vertigo. *Am Fam Physician* 2006;**73**(2):244-51. Brignole M et al. Guidelines on management (diagnosis and treatment) of syncope – update 2004. Exec summary. *Eur Heart J* 2004;**25**:2054-72.