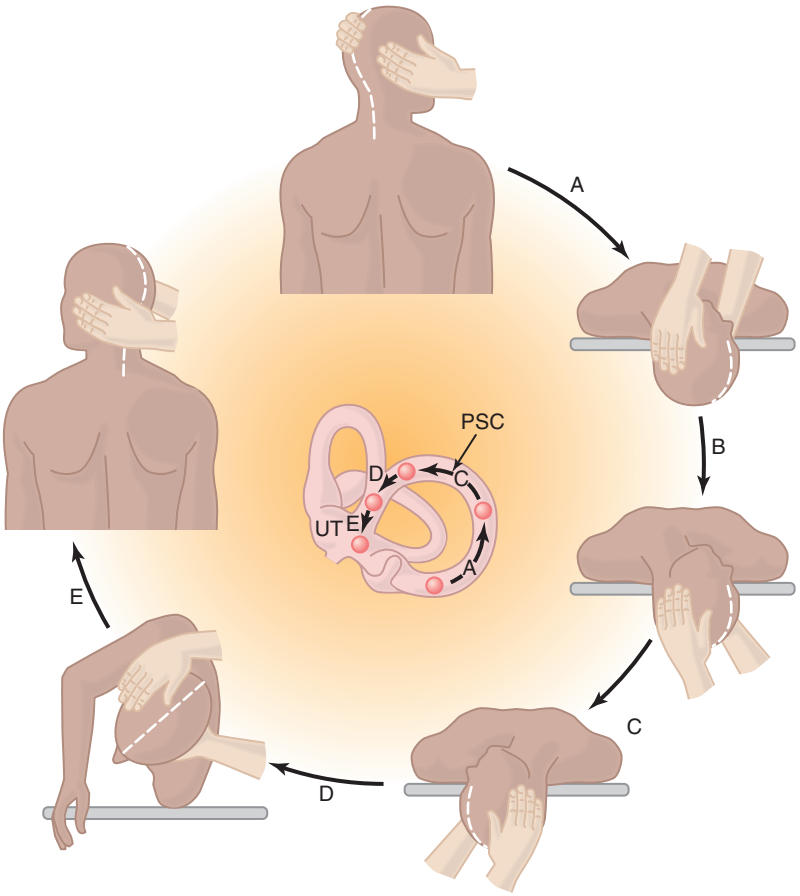

FIGURE 113-1 Repositioning treatment for benign paroxysmal positional vertigo designed to move endolymphatic debris out of the posterior semicircular canal (PSC) of the right ear and into the utricle (UT). The patient is seated, and the patient's head is turned 45 degrees to the right **(A).** The head is then lowered rapidly to below the horizontal **(B).** The examiner shifts hand positions **(C),** and the patient's head is rotated rapidly 90 degrees in the opposite direction, so it now points 45 degrees to the left, where it remains for 30 seconds **(D).** The patient then rolls onto the left side without turning the head in relation to the body and maintains this position for another 30 seconds **(E)** before sitting up. The treatment is repeated until nystagmus is abolished. The procedure is reversed for treating the left ear. (Modified from Foster CA, Baloh RW: Episodic vertigo. In Rakel RE, editor: Conn's Current Therapy, Philadelphia, 1995, WB Saunders.)

carefully scrutinized because dizziness is a common medication side effect. Dizziness can be a prominent symptom of anxiety and panic disorders. Vestibular migraine should be on the differential diagnosis of any dizziness presentation. When none of these seem to fit, the examination findings are normal, and the symptom has been present for more than several months, then the patient likely has chronic dizziness—typically considered a benign hypersensitivity disorder.

TREATMENT

Vestibular rehabilitation is the treatment of choice for patients with vestibular neuritis. If Meniere's disease is diagnosed, then a low-salt diet or a diuretic may alleviate the frequency of episodes. However, neither of these treatments is of established efficacy. Ablative surgical procedures are appropriate in refractory Meniere's disease. The treatment of BPPV involving the posterior canal is the highly effective and guideline-supported repositioning maneuver described by Epley (see Fig. 113-1). Patients with chronic dizziness may benefit from lifestyle modifications (e.g., exercise, optimizing sleep and diet, and stress management). Migraine prophylactic agents are reasonable to initiate, but their effectiveness for dizziness has not been established. Acute symptoms can be effectively managed with an antihistamine, a benzodiazepine, or an antiemetic. However, these are not appropriate long-term treatment regimens.

PROGNOSIS

The prognosis in patients with dizziness is generally favorable. The main goals are to identify the patients at significant probability of having a dangerous disorder, to relieve the acute symptoms, and to take appropriate steps to reduce the likelihood of recurrent events.

SUGGESTED READINGS

Baloh RW, Kerber KA, Honrubia V: Clinical Neurophysiology of the Vestibular System, ed 4, New York, 2011, Oxford University Press.

Fife TD, Iverson DJ, Lempert T, et al: Practice parameter: Therapies for benign paroxysmal positional vertigo (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology, Neurology 70:2067–2074, 2008. (Accompanying video clips are accessible at www.aan.com/go/practice/guidelines.)