

DEALING WITH DIZZINESS

SPONSORED BY THE BALANCE CENTER OF MARYLAND AND THE METROPOLITAN NEUROEAR GROUP

JANUARY 2011, VOLUME 1, ISSUE 2

UNDERSTANDING BENIGN PAROXYSMAL POSITIONAL VERTIGO

A closer look at the most common vestibular disorder

Benign Paroxysmal Positional Vertigo (BPPV) is the most common peripheral vestibular disorder causing vertigo and dizziness. It is considered benign because it is non-progressive and non-life threatening, paroxysmal because its onset is sudden, and

positional because it occurs with change in head position. Vertigo is described as a sensation of spinning. BPPV is most commonly caused by a

traumatic head injury; however, it often can occur spontaneously. Within the inner ear, the vestibular structures include the utricle, saccule and three semicircular canals. Within the utricle, there are calcium carbonate crystals called otoconia that are normally attached to the otolithic membrane in the utricle. When the otoconia detach, changes in head position cause the crystals

to migrate into the semicircular canals, causing vertigo. BPPV involving the posterior semicircular canal is the most common type due to the position of the canal in relation to the utricle. There are two main types of BPPV: canalithiasis, in

which the crystals are free-floating in the semicircular canal and cupulolithiasis, in which the crystals are attached to the cupula.

BPPV is usually diagnosed by the patient's history, examination, and the Dix-Hallpike test. A positive Dix-Hallpike test will demonstrate a burst of nystagmus that is elicited with the patient's neck in extension and head rotated to the affected side. There are several strategies for treating BPPV that will be discussed below.

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SUPPORT GROUP & LECTURE SERIES

First Topic:

"Introduction to Dizziness"

Beginning on Monday, January 31, 2011, the Balance Center of Maryland will be hosting a monthly support group and lecture series. The meetings will be held on the last Monday of each month, beginning at 7:30 pm at the Balance Center. The goal of the support group is to allow individuals and their family/friends to interact with other people who have similar experiences. In

addition, guest lecturers will discuss various topics relating to vestibular disorders. For more information, please contact Stacey Buckner, PT, DPT at 301-493-9409 or BCOM@earsite.com

TREATMENT OF BPPV: NO MAGIC PILL

Anti-vertigo drugs just won't do

The most effective treatment for posterior canal BPPV is a particle repositioning maneuver commonly called the Epley maneuver. The maneuver consists of the practitioner moving the patient's head through sequential positions in an attempt to move the otoconia out of the semicircular canal. The practitioner may prescribe the home Epley maneuver for the patient to perform multiple times daily to enhance the effectiveness of the treatment. In the past, practitioners have instructed patients to follow post-treatment precautions; however, recent research indicates that these precautions may not actually be necessary. Although anterior and lateral canal BPPV is less common, they can also be treated with other particle repositioning maneuvers.

In rare case when repositioning maneuvers are not successful, other treatment options are considered, including surgery. Alternatively, the patient can opt to "wait-it-out;" however, there is no way of knowing how long the symptoms will last.

****According to the National Institutes of Health, about 40% of the U.S. population experience dizziness at least once during their lifetime.****

In the next issue of *Dealing with Dizziness: Vestibular Neuritis & Labyrinthitis*

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