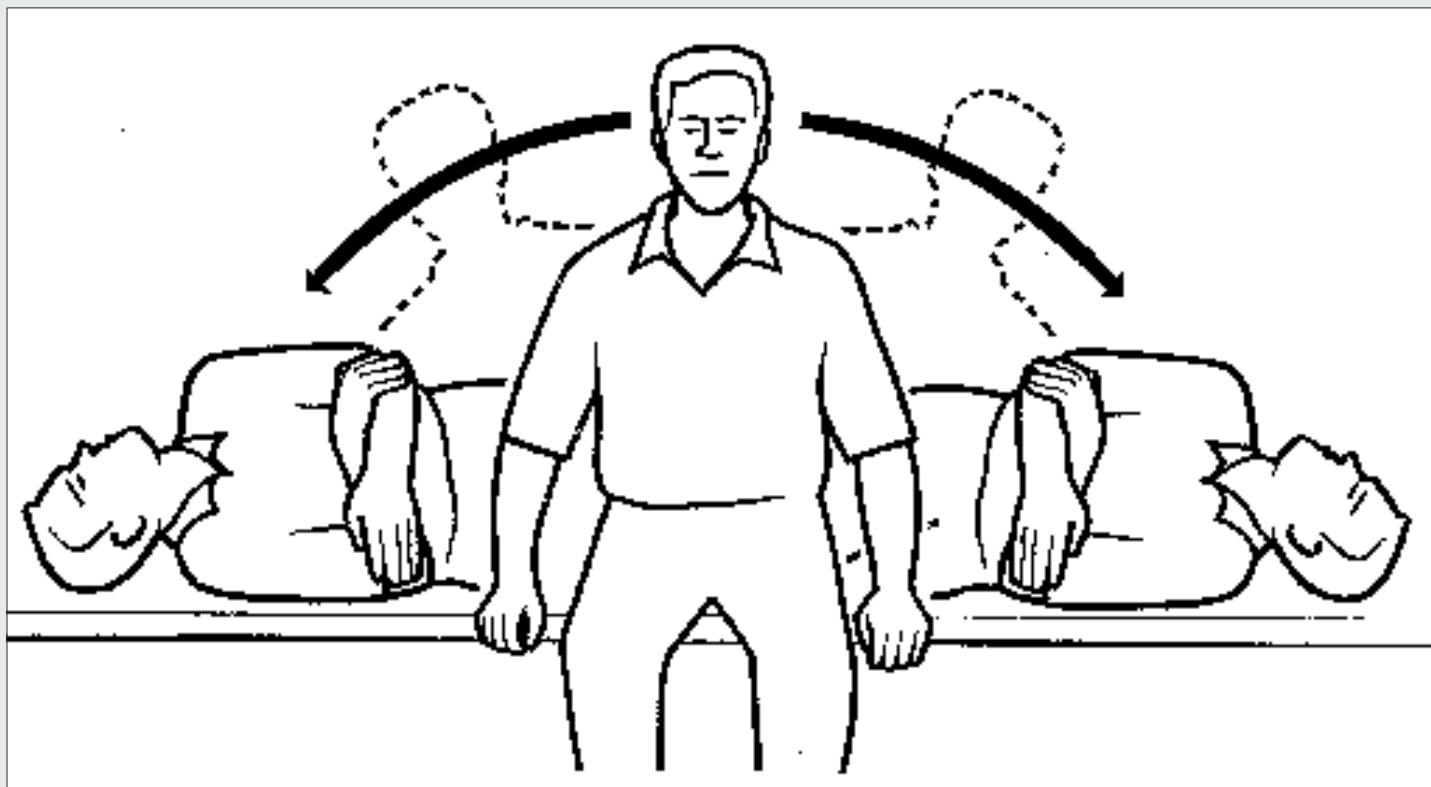


Benign positional vertigo



What is benign positional vertigo (BPV)?

BPV, also known as paroxysmal positional vertigo, is a spinning sensation of the head (vertigo) brought on by a certain position of the head, usually sudden changes of position.

The word “benign” means it is not a serious condition and is likely to get better eventually.

What is the cause of BPV?

In most people the cause is unknown and there is often no precipitating cause, but it can follow viral infections or accidents causing head or neck injuries.

There are two theories to explain BPV:

1. There are tiny pieces of floating debris like small crystals in the fluid of the balance centre of the inner ear (the labyrinth). These bits of sediment upset the balance centre when disturbed. This is the most favoured theory.
2. A problem exists in the neck, usually a “kink” in some of the swivel joints. The neck is connected to the balance

centre by special nervous pathways.

What are the symptoms?

- A brief attack of severe dizziness (vertigo), usually for about 10-30 seconds, that comes on a few seconds after a certain head movement.
 - Quickly subsiding dizziness — it is a self-correcting problem.
- The changing positions that provoke an attack can be:
- Tilting the head backwards.
 - Changing from a lying to a sitting position.
 - Lying on one side.
 - Turning the head to the side.
 - Rolling over in bed.

Who gets BPV?

Although it can occur at all ages, the elderly are affected most. It is the most common cause of vertigo in the elderly. Women are twice as likely as men to get it.

BPV is a surprisingly common problem.

How long do bouts of BPV last?

Each attack usually lasts less than 30 seconds but can last 1-5 minutes. The attacks tend to

come in bouts but usually settle within a few weeks. Most people are able to return to work within a week.

The bouts tend to come back after months or years, but some people only ever have one attack.

What are the effects of BPV?

There are usually no ill effects in the long run. Unlike some other causes of severe dizziness, there is usually no vomiting, tinnitus (ringing in the ears) or deafness.

Patients have to be careful with driving.

What is the treatment?

There is no special treatment. Drugs are not effective at preventing the attacks. It is a matter of allowing the bouts to run their course, but there are things that may help:

- Avoid head positions that provoke the attack.
- Obtain mobilisation treatment to the neck by your doctor or a qualified therapist.
- Do exercises as described below.

The Brandt and Daroff exercises

These exercises are one of several that are designed to disperse the clumps of debris that collect in one of the fluid-filled canals of the inner ear.

Rules

- Perform three times daily (if possible).
- Take about 10 minutes each time.
- Usually do five or more times to each side.
- They are beneficial only if dizziness is reproduced.

Method

1. Sit on the edge of a bed; turn your head slightly to the left side (about 45°). Lie down quickly on the right side (ensure the back of the head rests on the bed). Wait for 20-30 seconds for any dizziness to settle.
2. Sit up straight. Wait for 20-30 seconds for any dizziness to settle.
3. Repeat on the other side. Turn the head slightly to the right side before lying down quickly on your left side.

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