

GP ADVICE SHEET - VERTIGO

Management:

Identify and treat non-vestibular causes (usually cause dizziness rather than true vertigo):

- Cardiovascular (postural hypotension, aortic stenosis, arrhythmias)
- Psycho-physiological (anxiety, panic attacks, hyperventilation)
- Multisensory (reduced vision, immobility, arthritis, peripheral neuropathy)

Acute onset vertigo:

- with nausea, vomiting, horizontal nystagmus, aggravated by movement, lasting hours with slow improvement
- likely vestibular neuritis (usually viral)
- treat symptomatically with stemetil, +/- diazepam, gentle early mobilisation
- with ataxia and cerebellar signs
- ?cerebellar infarction/haemorrhage
- admit to hospital
- with history of barotrauma (esp. diving)
- ?perilymph fistula
- D/W specialist urgently re. further assessment

Episodic vertigo:

- with tinnitus, sensorineural hearing loss, attacks lasting hours
- possible Meniere's disease
- treat with labyrinthine sedatives or D/W specialist for advice
- brief attacks (seconds) precipitated by head movement, bending, or rolling over in bed, horizonto-rotatory nystagmus
- likely BPPV
- treat by canalith repositioning manoeuvres (see attached sheets or www.dizziness-and-balance.com/disorders/bppv/bppv.html, or www.emedicine.com/ent/topic761.htm)

Referral criteria:

In addition to the above examples, referral or urgent D/W specialist is indicated for any atypical features, such as diplopia or visual field defects

Information required in referral letter:

To help identify those patients with particularly severe conditions who warrant more urgent attention could you please ensure the following information is included in your letter:

- onset (sudden or gradual)?
- duration (of total period of symptomatology, and of each separate attack if recurrent)?
- severity?
- character (rotatory or light-headed)?
- any known precipitants (eg. posture, anxiety)?
- hearing loss? (arrange audiology if suspected and enclose result)
- aural discharge?
- earache?
- appearance of TMs (remove wax if necessary) and ME space (?effusion/mass)
- signs of raised intra-cranial pressure or other neurological disease?