

Vertigo

Emergency Department factsheets

What is vertigo?

Vertigo is a type of dizziness where you feel that you are spinning or unbalanced. It can be continuous or brought on when you change positions. Movement of the head will often make your dizziness feel worse. You may also have associated nausea and vomiting. Vertigo is a symptom, not a diagnosis.

While there are some serious causes of vertigo, most of the time it is not caused by a serious medical problem.

What causes vertigo?

There are many causes of vertigo. Vertigo can be a result of inner ear disorders (vestibular system), viral illnesses or infections, head traumas, migraines, stroke, or other neurological conditions.

One of the most common causes is benign paroxysmal positional vertigo (BPPV). BPPV happens when tiny particles in the balance centre of the inner ear are disturbed, usually by sudden movement. This causes the spinning sensation. It is a common problem that can affect people of all ages.

Activities that bring on a dizzy spell can vary, but often involves moving your head in a certain position such as:

- looking up
- lying on one ear
- rolling over in bed
- getting out of bed
- bending over.

What are the symptoms?

Common symptoms include spinning, swaying, feeling lightheaded, unbalanced, falling, nausea

and vomiting.

Pain, ringing in your ears (tinnitus) or sudden hearing loss is uncommon. If you have these symptoms see your local doctor or health-care professional.

Treatment

The treatment your doctor recommends will depend on the cause of your symptoms. Vertigo may improve by itself. However certain treatments can speed up your recovery.

If you have ongoing vertigo symptoms, your doctor may prescribe medication to help with motion sickness and nausea. It will not prevent or cure your vertigo. Take the medication as instructed on the packet. These medications are for short term use only.

Your doctor may also refer you to a vestibular physiotherapist for ongoing management or provide you with Brandt-Daroff exercises to do.

Home care

Your doctor or health-care professional will advise you on what to do at home. Here are some things you can do at home.

- Avoid head positions that provoke an attack.
- Do the Brandt-Daroff exercises, if advised.
- Avoid sleeping on the affected or 'bad' side.
- Raise your head on two pillows when resting.
- Get up slowly in the morning and sit on the edge of the bed for a minute.
- Take prescribed medications as directed.
- Do not drive when you have symptoms.

What to expect

The vertigo attacks usually come in bursts. Symptoms usually settle within a week to ten days, although it can take longer. About one in three people will have recurrent attacks and some people may have ongoing problems with balance if not managed properly. It is important to recognise that if you are not improving, to seek further help from your doctor or health-care professional.

Brandt-Daroff exercises

If you have been diagnosed with BPPV, these exercises are thought to disperse any tiny particles away from the balance centre in your ear, therefore getting rid of the cause of your dizziness. It is normal to feel anxious that the exercises will bring back your symptoms. However, the dizziness will improve with time.

1. Sit on the edge of the bed. Turn your head 45 degrees to the left. Lie down quickly on the right side. Ensure the back of the head rests on the bed. Wait 20–30 seconds or until the dizziness stops.
2. Slowly sit upright. Wait 20–30 seconds for any dizziness to settle.
3. Repeat on the other side. Turn the head 45 degrees to the right before lying down quickly on the left side.
4. Do five times on each side.
5. Repeat three times a day.

Vestibular physiotherapy

Vertigo can often be treated by a vestibular physiotherapist. A vestibular physiotherapist is a physiotherapist who is trained to assess and manage different causes of vertigo. The goals of therapy include reducing your symptoms and improving your overall balance and function.

Treatment may involve specific exercises to retrain eye and head movements, positional manoeuvres, and balance exercises. On your discharge from the emergency department, your doctor may refer or recommend that you follow up with a vestibular physiotherapist through the hospital or privately.

When to re-present to Emergency?

Present to the emergency department immediately if you develop:

- persistent or worsening dizziness
- speech or swallowing difficulties
- double vision
- difficulty walking or falling
- facial, arm or leg weakness or numbness
- severe headaches or neck pain
- ringing in your ears or sudden hearing loss.

Seeking help

In a medical emergency, go to the nearest hospital emergency department or call an ambulance (dial 000). For other medical problems see your local doctor or health-care professional.

13 HEALTH (13 43 25 84) provides health information, referral and teletriage services to the public in all parts of Queensland and is available 24 hours a day, 7 days a week, 365 days a year for the cost of a local call*.

*Calls from mobile phones may be charged at a higher rate. Please check with your telephone service provider

Disclaimer: This health information is for general education purposes only. Please consult with your doctor or other health professional to make sure this information is right for you.

Further reading



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