



www.cnmri.com



Benign Paroxysmal Positional Vertigo (BPPV)

What Causes BPPV?

The cause is currently believed to be small bits of free debris that are loose in the labyrinthine system and which settle to the bottom of the ear, causing nystagmus for certain head positions. These patients are sometimes troubled by mild gait ataxia, but they are always most concerned by their inability to control vertigo that arises when they roll over in bed at night, or when they get up in the morning.

Diagnosis

Benign Paroxysmal Positional Vertigo (BPPV) is the most common cause of vertigo in the elderly. The diagnosis is easily made if the patient has had a history of vertigo elicited by turning over in bed and if there is a typical nystagmus pattern that appears on positional testing.

Treatment

Drugs are not useful in treating BPPV because, although the vertigo is severe, it lasts only for a few seconds. Most patients benefit from exercises for BPPV which consists essentially of repeatedly inducing the symptoms of the vertigo for two weeks or until the symptoms can no longer be induced. This approach is often successful, presumably because either (1) the debris is moved to an insensitive portion of the labyrinth, (2) the patient learns to tolerate his or her symptoms, or (3) the disease process remits spontaneously. Because BPPV is fatigable, some patients induce their symptoms purposefully at the beginning of the day so that they can go about their activities without trouble. If the exercises provoke nausea, patients can be premedicated with anti-emetics.

Benign Paroxysmal Positional Vertigo (BPPV)

POSITIONING EXERCISE

for the treatment of BPPV

Assume an upright sitting position in bed, with your legs on the floor (**see Fig. 1**). Close your eyes and suddenly tilt yourself to one side so that one side of your body is against the bed. Turn the head slightly upward and wait for the vertigo to subside. Sit back up and wait for 30 seconds before tilting to the opposite side. If vertigo occurs in this position as well, wait until it subsides and then sit up again. Perform this exercise five times in the morning and five times at night until 2 days have passed during which you do not experience vertigo.

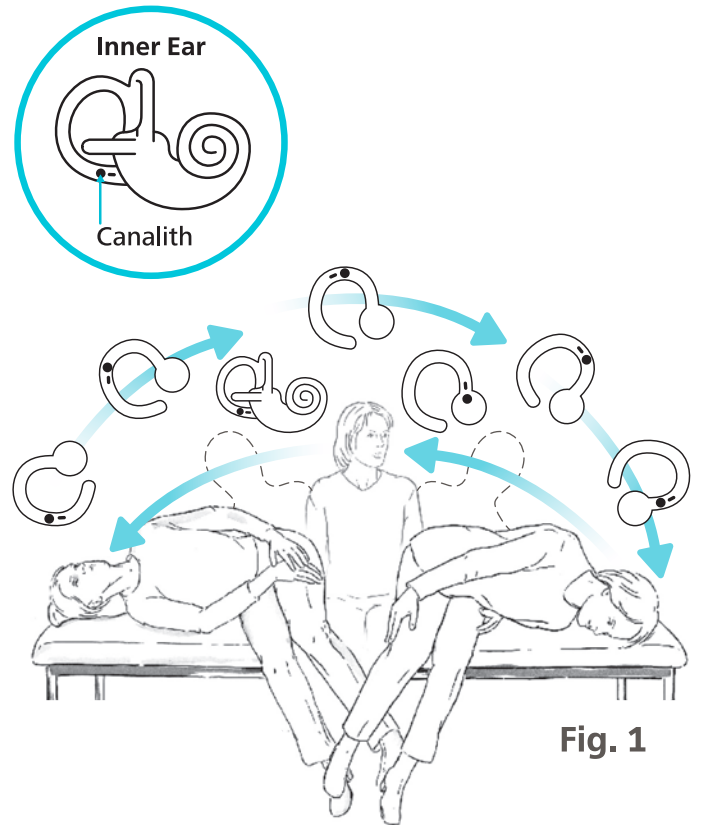
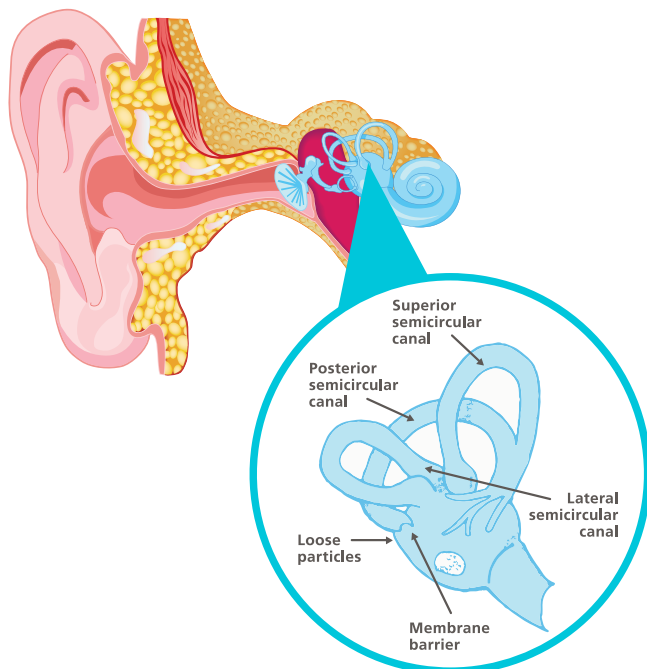


Fig. 1



Your inner ear consists of three semicircular canals that contribute to your sense of balance. Over time, particles in your inner ear can break off and accumulate behind a membrane in the posterior canal.

Moving your head to certain directions may cause particles to tug on hair-like sensors, triggering a specific type of dizziness called benign paroxysmal positional vertigo.

Resources

We encourage all patients to access information and learn more about their illness.

For additional information you may visit our website www.cnmri.com/dizziness-balance-hearing