North West Anglia NHS Foundation Trust

Benign Paroxysmal Positional Vertigo (BPPV)

INTRODUCTION

This leaflet is for patients who have been diagnosed with Benign Paroxysmal Positional Vertigo (BPPV). It explains what BPPV is, its symptoms, its causes, its diagnosis, and its treatment.

WHAT IS BPPV?

BPPV is a common condition that results in **dizziness** related to head or body position. Some patients also experience feelings of **lightheadedness**, **imbalance**, **nausea** and, rarely, vomiting.

Dizziness is typically experienced with one or more of the following changes in head or body position:

- **Lying down in bed**
- **Turning over in bed**
- **Sitting up**
- **Looking up**
- **Looking down**

WHAT CAUSES BPPV?

The balance organs in the inner ear contain small crystals (otoconia) that are usually embedded in part of the balance organ called the utricle. In BPPV the otoconia become dislodged from the utricle and fall into one of the three fluid-filled balance canals. When the head is moved in relation to the body this fluid moves, stimulating the balance organ. When otoconia are present in the fluid the balance organ will be abnormally stimulated by movements of your head or body, resulting in symptoms of dizziness.

BPPV can occur spontaneously or sometimes as the result of a head injury or due to an inner ear infection or virus. In most patients the cause of BPPV is unclear.

Some other factors that may increase the risk of BPPV and are worth considering in cases of recurrent BPPV are:

- Presence of migraine
- Stroke/ischemic disease
- Diabetes
- Barotrauma
- Whiplash
- Continuous jarring (eg: mountain biking, horse-riding)
- High impact aerobics
- Surgery involving use of a drill (eg: dental)
- Prolonged assumption of unusual head position (eg: in dentist chair)
- Otosclerosis and disorders of calcium absorption
- Vitamin D deficiency

HOW IS BPPV DIAGNOSED AND TREATED?

BPPV is most commonly diagnosed using a procedure called a Dix-Hallpike Manoeuvre where the patient lies back with their head over the end of the couch, with support from the clinician. The clinician will look for characteristic eye movements and note any symptoms of dizziness.

The first choice of treatment for BPPV is a Particle Repositioning Manoeuvre (PRM). This involves moving your head and body through a series of movements, supervised by the clinician. This is designed to move the otoconia particles back into the utricle.

BENEFITS, RISKS AND ALTERNATIVES

- BPPV can resolve by itself in some cases without the need for treatment but treatment manoeuvres are likely to offer quicker resolution of symptoms.
- Particle repositioning manoeuvres are usually highly successful with 8 or 9 out of 10 patients being treated with just one or two manoeuvres.
- Some patients continue to have BPPV even after a number of treatments. The clinician may be able to offer alternative management or, if symptoms are no longer bothersome, the clinician and patient may agree to discontinue treatments.
- Occasionally, treatment manoeuvres can transfer the otoconia to a balance canal other than the one originally affected; if this were to occur then an alternative treatment for this different canal can be offered.
- The testing and treatment for BPPV can be contraindicated in some patients due to problems with the neck, back or where there is difficulty breathing when lying down, for example. There are some alternative tests and manoeuvres that the clinician may be able to offer.
- Even if treated successfully BPPV can recur. If you think your BPPV has returned **within six months** of successful treatment in Audiology you can contact the department directly for a further PRM appointment.
- Whilst your BPPV is active, or after treatment for BPPV, you may feel unsteady on your feet. Care must be taken during this time to prevent falls.

This Information leaflet has been reviewed and approved by the Audiology Patient Panel. If you would like to get involved, please leave your contact details with a member of the reception staff.

If you require this leaflet in another format for example LARGE PRINT please ask your audiologist, a member of reception, or contact the department

Document History

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