

BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)

NOLENSVILLE FAMILY MEDICINE
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BASIC INFORMATION

DESCRIPTION

A common, inner ear disorder that causes dizziness or vertigo with certain movements of the head.

- Benign means “not very serious.”
- Paroxysmal means “sudden and unpredictable in onset.”
- Positional, because it comes about with a change in head position.
- Vertigo, causing a sense of the room-spinning or whirling.

FREQUENT SIGNS AND SYMPTOMS

- A sensation of dizziness or vertigo (spinning). Vertigo begins 5 to 10 seconds after the head moves and lasts less than a minute. Feeling off balance may last longer.
- Most often, only one ear is affected, so symptoms occur when the head is turned that way. Symptoms are brought on when getting out of bed, rolling over in bed, or when looking up for an object on a high shelf.
- Falling, or a feeling of falling.
- Feeling lightheaded or woozy.
- Visual blurring.
- Nausea and vomiting (sometimes).
- Diarrhea, faintness, changes in heart rate and blood pressure, fear, anxiety, or (less often) panic.
- It does not cause hearing loss or noises in the ears (tinnitus).

CAUSES

It is thought to be caused by small crystals of calcium carbonate (also called “ear rocks”, otoconia or otoliths) in the ear. Sometimes, these crystals get stuck and do not move normally with changes in position. This disrupts the balance centers in the inner ear and brings on the symptoms. The crystals usually return to normal within several weeks, and no longer cause symptoms.

RISK INCREASES WITH

- Head injury.
- Degeneration of the vestibular system of the inner ear (usually in older people).
- Ear infection or disorder.
- Surgery.
- Central nervous system disease.

PREVENTIVE MEASURES

No specific preventive measures.

EXPECTED OUTCOMES

The condition heals on its own within several weeks. Treatment can hasten healing.

POSSIBLE COMPLICATIONS

BPPV symptoms may come and go, recur after treatment, or become chronic.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do an exam of the ears and ask questions about your symptoms and activities. When BPPV occurs, there is an involuntary movement of the eyes, which is called nystagmus. To make the diagnosis, the patient’s head is put into certain positions and the eye movements are observed. Medical tests may be done to confirm the diagnosis.
- Treatment may involve watchful waiting. No treatment is done at first, in order to see if the problem resolves.
- An office procedure may be done for treatment. It is performed by placing the patient’s head in various positions. This will cause the crystals to loosen and return to normal movement. The procedure takes about 5 to 10 minutes. Frequently, only one office procedure is needed. It is painless and has few side effects if any. There may be mild vertigo for a few days afterwards.
- Self-treatment exercises may be recommended. These can be done if symptoms recur, or office procedure was not effective. Instructions will be given on proper techniques for the head maneuvers. They are then done at home several times a day, usually for 2 weeks.
- Rarely, when other treatment is not effective, patients with severe symptoms may require surgery.
- To learn more: Vestibular Disorders Association, PO Box 4467, Portland, OR 97208-4467; (800) 837-8428; website: www.vestibular.org.

MEDICATIONS

Usually not needed for this disorder. Drugs may be prescribed for specific symptoms, such as nausea.

ACTIVITY

Activities may be limited for 24 to 48 hours after the procedure is done. Specific instructions will be given.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of benign paroxysmal positional vertigo.
- Symptoms recur after treatment.

Special notes:

More notes on the back of this page