



Dizziness and Balance Problems

Greater than 40 percent of Americans during their lifetime will experience dizziness serious enough to go to a doctor. The frequency of dizziness and disequilibrium complaints is second only to low back pain in adults. Falls are a leading cause of injury in older adults and approximately 50% of those who fall have a vestibular disorder.

Dizziness

The feeling of imbalance or dysequilibrium is often described as dizziness or unsteadiness. Without a sensation of turning or spinning this is seldom due to an inner ear problem. It is often associated with a central problem and can result from not enough blood and oxygen getting to the brain. This insufficiency may be due either to narrowing of the vessels that supply blood to the brain (arteriosclerosis), pinching of blood vessels in the neck (osteoarthritis), or as a result of disorders such as diabetes or anemia. In these cases, dizziness generally occurs when getting up from sitting or reclining or with sudden head turns.

Vertigo

Vertigo is a feeling that surroundings are spinning or turning. This is usually due to an inner ear problem. There are many conditions that can affect the balance function of the inner ear. Usually, one ear is affected more than the other, creating an imbalance. Vertigo may be associated with viral infections (labyrinthitis), Meniere's Syndrome (nausea, ear fullness, ringing in the ear, and hearing loss), perilymph fistula (leakage of inner ear fluid into the middle ear), Eustachian tube blockage, or changes in the balance portion of the inner ear only (Benign Positional Vertigo).

Medical Evaluation

A complete ENT examination is necessary to rule out any obvious and treatable problems. The doctor will ask questions about medications, falls, and the frequency and severity of your dizziness. A **hearing test** is necessary to evaluate function of the inner ear. **Lab tests** may be needed. An **MRI or CT scan** may be ordered to obtain special views of the inner ear and brain. A test called **electronystagmography (ENG)** uses the pattern of nystagmus to help determine the origin of the balance problem. By irrigating cool and then warm water in the ear canal, the balance function of each ear can be measured separately.

Most cases of vertigo and dizziness are not serious and respond to treatment with time. Surgery is rarely necessary but may be considered in some cases. Follow-up visits and repeat testing are important if your symptoms persist or change in any way. Notify your doctor if you experience increased headaches, change in vision, slurring of speech, motor or sensory weakness, or any loss of consciousness.

Management of Vestibular Disorders

Medications can't cure your problem, but they may help to control the symptoms. Anti-vertigo pills help to limit conflicting balance signals. Suppositories, pills or shots may be used to ease nausea. Diuretics can help reduce pressure in the balance canals. Other medications can help ease depression and anxiety caused by living with dizziness.

Vestibular Rehabilitation therapy can treat your condition, teach special exercises, and show you ways to increase your safety. A treatment plan can include:

- Canalith repositioning, a series of guided head and body movements. It helps move crystals, easing BPV symptoms.
- Habituation exercises to retrain your balance system. Most movements are simple and can be done in a bedroom. They will make you dizzy at first, but as you keep doing the exercises they will lessen your dizziness.
- Gaze stabilization exercises to retrain the eyes to stay in focus while the head moves. This helps ease dysequilibrium.
- Gait and balance training, which includes standing and walking on different surfaces. The therapist can teach you how to maintain balance and prevent falls.

Consider these suggestions to **prevent falls or accidents**:

- Change position slowly, especially when going from a lying down or sitting to a standing position.
- Wear low-heeled shoes, remove throw rugs, use handrails, consider a shower stool.
- Look up or down slowly, and only for short periods of time, whenever possible.
- Turn your head slowly to either side and move your entire body as you do so whenever possible.
- Keep living areas well lit and keep a flashlight by your bed.
- Bring a cane or walking aid if needed.
- Refrain from driving or climbing until your doctor feels it is safe for you to do so.
- Don't be afraid to ask for help—other people like to be involved.