



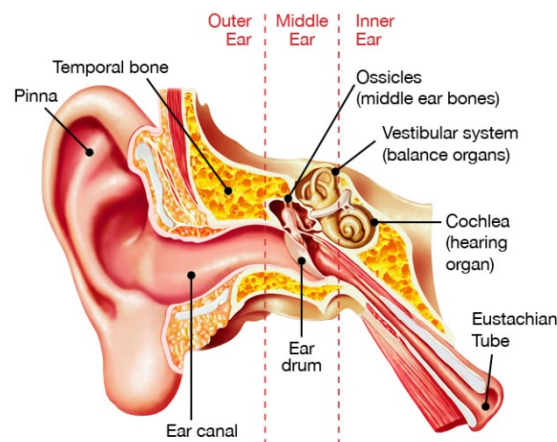
## Patient Information on Benign Paroxysmal Positional Vertigo (BPPV)

### What is Benign Paroxysmal Positional Vertigo?

Benign Paroxysmal Positional Vertigo (BPPV) is a common disorder of the inner ear with symptoms including dizziness, vertigo, unsteadiness and nausea.

BPPV is the most common cause of vertigo, especially in the older population (people over 65 years old). It occurs in 20% of the whole population at some point in their lifetime.

BPPV occurs when crystals (called otoconia), normally located in one part of the vestibular (or balance) system of your inner ear (the utricle), become dislodged and collect in another part of the inner ear balance system (one of the semi-circular canals).



As your head moves, the dislodged crystals also move and incorrect messages are sent to your brain and then to your eyes. The brain receives the messages that the head is spinning although the head has only moved position slightly. This means you might feel the symptoms when you make common movements or changes in position such as rolling over in bed, getting in/out of bed or looking or reaching up (for example reaching to the top shelf or to put drops into your eye).

Symptoms are usually intermittent; they can stop for several weeks or months at a time and then return.



## **What causes BPPV?**

The reason the crystals become dislodged is often unknown, although it is known that BPPV can be caused by head injury, degeneration of the vestibular system in the inner ear associated with increasing age, or damage caused by an inner ear disorder, for most patients it happens without any cause. There is also an association between BPPV and osteoporosis. Approximately 20% of all people get BPPV at some point in their life. It can happen at any age, but most often as an adult.

## **How is a diagnosis made?**

Diagnosis of the condition will be based on the following:

- your medical history
- answers to questions about when and where the dizziness occurs
- a physical examination
- the results of any tests carried out by an audiologist.

Other tests may be required in cases where symptoms do not fit the usual pattern or are in both ears, both of which make diagnosis more challenging.

## **How is BPPV treated?**

BPPV can be diagnosed and is usually effectively treated with simple exercises, taught by a health professional who is familiar with the techniques required. However, if symptoms persist and cause distress, you may be referred to a specialist.

BPPV is usually treated using a range of positional manoeuvres that aim to move the crystals out of the semi-circular canal of the inner ear to an area that will not stimulate the balance system. Often your specialists will give you exercises to perform at home. There are a range of exercises available and the decision of which to use is often best discussed with your specialist.

If maneuvers and exercises have been recommended, it is important to persist with the treatment because they provide a simple and non-invasive way to treat the vertigo and nausea associated with BPPV.



Sometimes a physiotherapist who specializes in balance disorders can help teach you more advance exercises. This is often a good option if you have tried the exercises for a number of weeks without success.

BPPV can subside with time, but it is important to seek treatment in the early stages to prevent falls or injury. In extreme cases, surgery can be carried out to block the affected canal without disturbing the function of the rest of the vestibular system.

Very short-term use of motion sickness medications is sometimes useful to control the nausea associated with BPPV. There are no long term medication recommended.

### **Advanced treatment at the Royal Victorian Eye and Ear Hospital:**

The Balance Disorders and Ataxia Service (BDAS) at the Eye and Ear Hospital is the only location in Victoria to have the Epley Omniax Positioning System. The system is used to diagnose and treat BPPV where standard exercises and physiotherapy has failed, normally only 2% of patient with BPPV will ever need to consider this. The wait time for this service can be considerable. Dr Fiona Hill works at the Royal Victorian Eye and Ear Hospital and can help organize this on the rare cases where it is necessary.

### **You can contact Dr Fiona Hill through the links on her website:**

- Website: [drfionahill.com.au](http://drfionahill.com.au)

Your GP is also the best contact for ongoing care and concerns.