

Dizziness In Adults

Introduction

Dizziness is a non-specific symptom and is associated with a number of underlying conditions. Some of these require urgent management. Others are less serious but very disabling for patients. Making a diagnosis, and choosing the appropriate management in partnership with patients, requires comprehensive history taking and targeted examination.

Understanding what the patient means by the term dizziness can help guide the diagnostic process. Dizziness is the perception of disturbed or impaired spacial orientation without a false sense of motion¹. Whereas vertigo is a false sense of motion (spinning or rotation) of a person without any actual movement¹. However, the term dizziness can be used to represent vertigo, presyncope, unsteadiness (feeling unstable whilst sitting or standing or walking) and light-headedness¹.

Dizziness is an important symptom for primary care practitioners to understand and manage. It is a common, chronic condition, which is often untreated in a large proportion of society and is associated with high levels of physical incapacity and psychological morbidity².

This module will focus on the primary care aspects of diagnosis and management of the following causes of dizziness. These were chosen by a focus group of practising multi-disciplinary clinicians. They do not represent a complete list of all causes of dizziness.

- Acute stroke
- Benign paroxysmal positional vertigo (BPPV)
- Vestibular migraine
- Labyrinthitis
- Ménière's disease

Intended Learning Outcomes

After reading and discussing this module individuals should:

- Have an awareness of the common causes of dizziness and how these present
- Be able to differentiate between benign paroxysmal positional vertigo, labyrinthitis, vestibular migraine and Ménière's disease, and know how to manage these
- Be able to recognise features in the history and examination which make an acute stroke more likely and know how to manage this

The cases below are designed to illustrate the problems described in the aims of the module. They are real cases, but are **not** meant to be the focus of the group's discussion. Instead, PBSGL groups are encouraged to think of similar cases in their own place of work.

Studying all the cases is not compulsory. If the group runs short of time, and completing the group feedback is still to be done, it is better to leave out a case completely. The feedback, where group members say what changes they will make in practice as a result of the meeting, is an essential part of the learning process – more important than “completing the cases”.