ACPIVR
THE ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS INTERESTED IN VESTIBULAR REHABILITATION

Benign Paroxysmal Positional Vertigo (BPPV)

This leaflet provides information about Benign Paroxysmal Positional Vertigo (BPPV). If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional

Key Points:

- BPPV is one of the most common inner ear problems.
- Most people's symptoms will resolve without treatment.
- It is easily diagnosed and treated with simple head movements.
- Other tests and scans are not usually required.
- Medication is not an effective treatment.

What is BPPV?

BPPV is a disorder of the inner ear balance organ. It presents as sudden, short-lived episodes of vertigo, dizziness or spinning which usually lasts less than a minute. The symptoms can be brought on by quick head movements. The most common positions to trigger this are rolling over in bed or looking up or down and getting in and out of bed.

What are the symptoms of BPPV?

- Dizziness, spinning or vertigo.
- Imbalance and a general disorientation.
- Nausea and occasionally vomiting.
- Headaches may occur but are usually mild.
- Patients may develop anxiety and avoidance behaviour with a fear of triggering dizziness or making it worse.

Many people realise keeping the head still and upright stops the spinning and they may want to sleep propped up on several pillows. Some will therefore develop a stiff neck.

Who gets BPPV?

Anyone can get BPPV. BPPV is one of the most common causes of dizziness and most cases happen for no reason. The risk of developing BPPV increases with age. Women are affected twice as often as men and it is more common after the menopause. It can also occur after a head injury or following other inner ear problems (e.g. an infection).

What causes BPPV?

BPPV occurs when tiny chalk like crystals (otoconia) embedded within our inner ear become free, move around and then get "stuck" in one of the canals in the inner ear balance system. As you roll over or tilt your head, movement of these "crystals" sends abnormal messages to the brain and eyes, causing spinning or dizziness. When you keep your head still symptoms settle within a minute.

BPPV can sometimes be associated with head trauma, osteoporosis, other inner ear problems, diabetes, migraine, high blood pressure, dental surgery or lying in bed for long periods of time (preferred sleep side, surgical procedures, and illness).

How is BPPV diagnosed?

- A Physiotherapist will start by asking you questions about your symptoms, e.g. when and how it started and what brings it on or eases it etc.
- Physiotherapists perform movements of your head which may bring on symptoms and they will look closely at your eye movements. This may involve your head being supported as it hangs back off the bed or is moved to different positions when you are lying down. This will help the examiner know where the 'crystals' are located so they can chose the right treatment for you.
- The most common tests are the Hallpike-Dix and Supine Roll Test.

- Some medications can affect the tests so let your Physiotherapist know if you have taken any medication or had alcohol in the last 48 hours.
- Normal scans, x-rays and medical testing cannot confirm BPPV. However, if your symptoms do not improve after 3-4 treatments a physiotherapist may refer for further tests.

What are Canal Repositioning Manoeuvres?

There are several different manoeuvres or exercises, which can be done by your Physiotherapist These generally involve moving your head into various positions against gravity. The most common manoeuvre is called the 'Epley manoeuvre'.

What happens after diagnosis and treatment?

This is not a life-threatening condition although the symptoms can be very disabling. People may experience other problems with it like imbalance and anxiety. Treatments are very successful and in 9 out of 10 of patients it will go away within 1-3 treatments. Occasionally people vomit after treatment and a small number of people may feel woozy or more off balance for a few days after treatment. This usually goes away on its own.

- It may be useful to have someone else drive you home or take a taxi after treatment.

Continuing your usual routine and moving around normally will help your balance system recover. If the symptoms don't improve or they return, treatment is repeated. It is important to go back to see your physiotherapist. It is also possible to complete these maneouvres at home, but you should discuss this first.

Keeping safe with Benign Paroxysmal Positional Vertigo

- Tell your employer if dizziness could pose a risk to yourself or others e.g. if you use ladders, operate heavy machinery, or drive.
- To avoid falls, get out of bed slowly and avoid jobs that involve looking upwards or downwards quickly and remove rugs or other trip hazards.
- Turn the light on at night if you need to go to the toilet at night.

Can it come back?

Once your dizziness or vertigo has resolved 8 out of 10 people usually do not have any further problems. Recurrence is more common if you have a history of head injury. You should discuss a setback management plan with your physiotherapist.

Are there any other treatments?

Medications are usually not needed and will only be useful in cases of severe nausea for a one-off treatment. They do not treat the condition or make it go away. Surgery is extremely rare because the repositioning manoeuvres are more effective.

Useful web pages:

http://patient.info/health/benign-paroxysmal-positional-vertigo-leaflet

http://vestibular.org/understanding-vestibular-disorders/types-vestibular-disorders/benign-paroxysmal-positional-vertigo