

Persistent Postural-Perceptual Dizziness (PPPD)

This leaflet contains information about a condition called Persistent Postural Perceptual Dizziness (PPPD). If you have any further questions or concerns, please do not hesitate to contact your GP or health care professional.

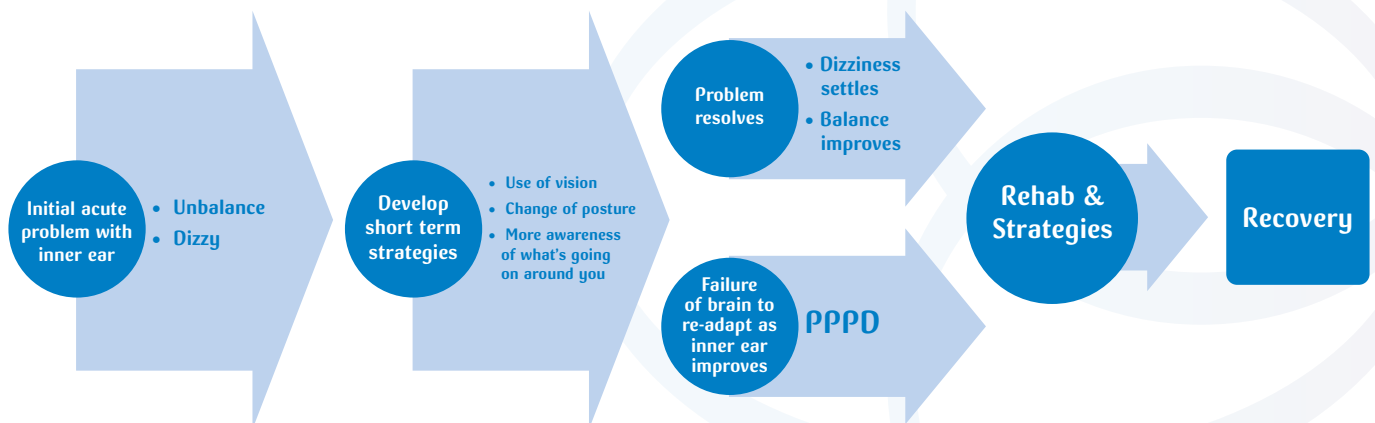
What is Persistent Postural-Perceptual Dizziness?

Persistent Postural-Perceptual Dizziness (PPPD) is a 'functional neurological' condition affecting the balance (vestibular) system within the brain. There is no structural damage to the brain. This condition is common and the symptoms include long term dizziness and unsteadiness that increases with movement or exposure to complex visual images. For example, many people with PPPD struggle with supermarkets, busy streets and action scenes in movies. To be diagnosed with PPPD symptoms must have been there for 3 months or more. Physical examinations, laboratory tests and MRI or CT scans may not show any problems and are not used to diagnose PPPD but may help to diagnose any other problems that may co-exist.

Why do I get Persistent Postural-Perceptual Dizziness?

PPPD is usually triggered by a problem with the inner ear e.g. Vestibulopathy, following ear surgery, head trauma or another medical event which caused dizziness initially e.g. stroke. Your brain tries to adapt and compensate for this dizziness and this can include relying on your vision, using different postures or being hyper-vigilant about how you move. When the acute problem improves or resolves your brain should stop using these strategies.

In people with PPPD their brains do not stop using these strategies and so dizziness persists. There are certain factors which can contribute to developing PPPD and anxiety or depression is common in people who develop it. Studies have shown that after acute vestibular events, psychological and behaviour responses and brain maladaptation are the most likely predictors of developing PPPD, rather than the severity of changes on vestibular testing. This condition is caused by changes to the connections of signals transmitted around the brain and what areas of the brain are involved in receiving and interpreting those signals, thoughts and sensations.



Adapted from Staab, Behavioural Neuro-otology in Bronstein (ed), Oxford Textbook of Vertigo.

What is the treatment for Persistent Postural-Perceptual Dizziness?

There are currently no large studies to show the best treatment for PPPD, but Vestibular Rehabilitation is usually recommended first. Some smaller studies have shown some benefits of taking anti-depressant medication (selective serotonin reuptake inhibitors) and SNRIs (serotonin norepinephrine reuptake inhibitors). This is due to their effects on the brain, not because people with PPPD are depressed. Counselling and cognitive behaviour therapy in addition to vestibular rehabilitation is also helpful if anxiety or depression is present. Good sleep routines also help.

Can Physiotherapy help me manage my Persistent Postural-Perceptual Dizziness?

A physiotherapist who specialises in Vestibular Rehabilitation will provide advice and education about your condition. They will also use exercises designed to help you become less sensitive to activities that provoke your symptoms. You may be given a programme of exercises specific to your needs to carry out at home. This will help your brain re-programme and it can reduce symptoms of dizziness and imbalance during everyday activities.

Other Sources for information:

neurosymptoms.org/dizziness/4533197313