

Neurology for You

Benign Paroxysmal Positional Vertigo

Benign paroxysmal positional vertigo is one of the most common causes of dizziness. The main symptom is a sensation of the surrounding environment *spinning*. This sensation is short, typically lasting only seconds (usually less than 30 seconds). This is often accompanied by *nausea*. Between each burst of spinning, you may still feel queasy, nauseated, or unsteady, but the spinning itself stops. These bursts of vertigo are often triggered by *changes in position* which include lying down, turning over in bed, or turning the head to one side. Each bout of BPPV may last a few days, and these can recur, sometimes months or years later.



BPPV occurs when there is a mild dysfunction of the apparatus in either ear that helps to determine the position of your head in a three-dimensional space. This apparatus consists of small crystals (otoliths) resting atop a gel that shifts with movement. The gel is connected to cells that detect the movement as acceleration. The crystals may become dislodged and bounce into the semicircular canals, three ring-like structures that are part of this

acceleration-measuring system. This causes an irritation to the system and the sensation of vertigo. Treatments for BPPV help dissolve or remove these stray crystal from areas where they may irritate the system.

BPPV is not a life-threatening condition, but it can increase risk for danger in certain situations such as with driving or if you have other predispositions for falls.

WHAT IS THE TREATMENT FOR BPPV?

The main treatment for BPPV is the *Epley maneuver*, also known as the *canalith repositioning maneuver*. This involves a series of maneuvers while lying down that help to remove the stray crystals from the irritated parts of the inner ear. This can generally be performed by Neurologists, primary care physicians, and Emergency Medicine physicians. Some physical therapists trained in *vestibular physical*

therapy are also capable of performing this maneuver. Many patients learn how to perform this maneuver at home so that a visit to the doctor's office or ED are not required. This is the best treatment for this condition. Medications used to suppress vertigo are only temporary patches and can prolong recovery from each bout of BPPV.

How to Manage BPPV

- Remain well-hydrated and try to avoid rapid position changes or head turning.
- If you are prescribed an anti-nausea medication, take this as needed during the first 1-3 days of symptoms.
- If you are prescribed a vestibular suppressant such as meclizine or lorazepam, take this as needed during the first 1-3 days of symptoms but do not continue this medication after that as it can slow the pace of recovery.
- Learn how to perform the *Epley maneuver* (or *canalith repositioning maneuver*) on yourself or with the help of a partner or family member. One video provided by the American Academy of Neurology can be found at <http://youtu.be/hq-IQWSrAtM> (time stamp 1:39 to 2:23).
- Take it easy for a few days while you recover from this episode.
- Be careful while you walk, and try to avoid driving or operating heavy machinery.
- If you develop any new or unusual symptoms with this vertigo, speak with your primary care physician or Neurologist.