Straighten Out Your Knowledge of Vertigo

By Kelli Smith

Most people have experienced dizziness in some capacity, whether from standing up too quickly, riding an amusement park ride, or taking certain medications. Usually, regaining balance and feeling normal again is easy. However, when dizziness persists and affects a person's daily life, they may be experiencing vertigo.

Vertigo and other types of dizziness affect up to 1 in 5 people each year.[1] A condition characterized by dizziness, vertigo creates the false sense that you are spinning or moving.[2] Vertigo is not the same as being lightheaded, because people with vertigo feel as though they are actually spinning or moving, or the world is spinning around them.

Vertigo presents in two primary forms[2]:

- **Peripheral vertigo**, the most common type, occurs when an issue arises with the inner ear or vestibular nerve, both of which affect a person's sense of balance.
- **Central vertigo**, the less common form, stems from a condition affecting the brain, like an infection, stroke, or traumatic brain injury. People with central vertigo tend to have more severe symptoms, such as difficulty walking or severe instability.

Where to Turn

The cause of vertigo depends on the type of vertigo.

Peripheral vertigo is due to a problem in the vestibular labyrinth—or semicircular canals—which controls balance. The problem can also involve the vestibular nerve, which is located between the inner ear and the brain stem.[3]

Peripheral vertigo may be caused by the following[3]:

- Benign positional vertigo
- Certain medications (e.g., cisplatin, diuretics, salicylates, or aminoglycoside antibiotics)
- Inflammation of the vestibular nerve
- Injury
- Irritation and swelling of the inner ear
- Meniere disease
- Pressure on the vestibular nerve

Central vertigo is caused by a problem in the brain, usually in the brain stem or the cerebellum. Central vertigo may be caused by the following[3]:

- Blood vessel disease
- Certain drugs, including anticonvulsants, alcohol, and aspirin
- Multiple sclerosis
- Seizures
- Stroke
- Tumors
- Vestibular migraine

Ask Around

The primary symptom of vertigo is a spinning sensation or a feeling that the room is moving or spinning. This spinning sensation can cause nausea and vomiting.

Other symptoms can include the following[3]:

- Dizziness
- Difficulty focusing the eyes
- Hearing loss
- Loss of balance
- Loss of body fluids due to nausea and vomiting
- Ringing in the ears

Central vertigo may cause other symptoms:

- Double vision
- Difficulty swallowing
- Eye movement problems
- Facial paralysis
- Slurred speech
- Weakness of the limbs

Spinning a Tale

Debunk common myths about vertigo[4]:

Myth: Dizziness is always related to ear crystals. Truth: While a common cause of vertigo, ear crystals are not associated with dizziness. Numerous other potential reasons can explain dizzy spells.

Myth: Dizziness is all in your head. Truth: Some people may be told that their symptoms of dizziness or vertigo are fake. They may be advised to ignore it and wait for improvement. However, long-term dizziness and vertigo should not be ignored; it should be treated by a health care provider.

Myth: Home remedies will fix the problem. Truth: Home remedies can be harmful and even cause more problems. Trying to reposition crystals without the guidance of a health care professional can cause them to be moved incorrectly. Patients have given themselves concussions or damaged their eardrums from trying to perform these procedures at home.

Myth: Antihistamines solve dizziness. Truth: Antihistamines such as meclizine can be used to prevent and control nausea, vomiting, and dizziness caused by motion sickness. They work to block the signals to the brain that cause these symptoms. However, for long-term vertigo and dizziness, taking antihistamines is not a good solution. Meclizine can make you feel drowsy, causing you to fall asleep until the episodes end. In this circumstance, the medicine covers the symptoms but does not treat the condition.

Myth: No long-term treatment options exist. Truth: Recurring bouts of vertigo or dizziness can profoundly affect a person's life, causing them to miss crucial events or make them unable to drive or work. However, there is hope for those with vertigo. Patients should work with their health care provider to find the best treatment option for them.

A Whirl of Difference

Once vertigo is diagnosed by a health care provider through a physical examination, care and treatment can begin. Treatment depends on the underlying cause. Health care providers use a variety of treatments[2]:

Repositioning maneuvers. Benign paroxysmal positional vertigo, a subtype of peripheral vertigo, occurs when small calcium carbonate crystals (i.e., canaliths) move out of the utricle in the inner ear to the semicircular canals. This can cause vertigo symptoms, particularly with head movement.

Canalith repositioning maneuvers can help shift the crystals from the semicircular canals to the utricle. Health care providers can perform canalith repositioning procedures during practice visits or teach patients how to perform them at home.

Vertigo medication. Medication can help in some cases of acute vertigo. Health care providers can use motion sickness medications or antihistamines to ease symptoms of vertigo.

Vestibular rehabilitation therapy. This form of therapy will usually involve a range of exercises to improve common vertigo symptoms like balance issues, dizziness, and unstable vision. Exercises may include stretching, marching in place, eye movement control, and strengthening. Health care providers can teach patients how to perform these exercises at home to manage symptoms during an episode of vertigo.

Surgery. In rare cases, a patient may need surgery when vertigo is caused by an underlying health condition, such as a brain tumor or neck injury. Surgery will be recommended by providers only once other treatments have failed.

Balanced Care

Vertigo profoundly affects patients and presents unique challenges. Fortunately, medical assistants can improve patients' appointments in a number of ways.

"It is most important that you get all the details of when [the vertigo episodes] started, what symptoms they have, how long symptoms have been present, and … what medications they have tried to relieve the symptoms," says Laura Mizicko, CMA (AAMA), a medical assistant at Southwoods Health in Youngstown, Ohio.

Medical assistants can also explain and demonstrate repositioning maneuvers, according to Heather Mabery, CMA (AAMA), ACPA, a medical assistant at Laurens Family Medicine in Laurens, South Carolina. This can ensure the patient learns how to complete the procedure safely and accurately.

How can medical assistants further assist patients with vertigo? When patients arrive at the practice, medical assistants can ensure they get help navigating hallways or getting into a wheelchair to reach the examination room. Once in the examination room, make sure they have safely sat or lain down and make them as comfortable as possible. This can go a long way in making the appointment more pleasant for patients experiencing extreme discomfort and disorientation.

Above all, medical assistants must find compassion for patients with vertigo and try to understand how it feels to live with this condition. "A patient with vertigo's whole world is upside down," says Le'Kisha Coleman, CMA (AAMA), RMA(AMT), a medical assistant at WNY Rehabilitation Medicine and Pain Management in West Seneca, New York. "And as [medical assistants], we cannot just say the words 'We understand' or 'It will be okay' and walk away. That's not enough. Because seconds to us is like hours to somebody with vertigo." ✦

References

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