



BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)

What is BPPV?

Benign Paroxysmal Positional Vertigo (BPPV) is the most common type of vertigo. Although bothersome, this condition is not a serious health risk. It is **benign** because it is not caused by a disease or malignancy, **paroxysmal** because the attacks are sudden and short in duration, **positional** because the attacks are brought on by changes in head/body position, and **vertigo** is the sensation of external motion (i.e., the room spinning). BPPV can occur at any age, but it is more common after the age of 55 and occurs in women more often than men. There are many causes of BPPV including head trauma and viral trauma, but most of the time, there is no precipitating event or discernable cause.

What Causes BPPV?

BPPV is thought to be caused by canalithiasis, which is the accumulation of calcium deposits in the canals of the inner ear. These deposits are not due to abnormal build up from diet or supplements, but instead are a vital part of the gravity sensor of the inner ear. With BPPV, these deposits become pathologically displaced and migrate into the semicircular canals (organs that sense head rotation and coordinate head and eye movements). This causes Vertigo.

What are the Symptoms of BPPV?

Persons with BPPV will experience episodes of vertigo that last between 5-30 minutes in response to certain head movements. These movements include tilting the head to one side or the other or bending over, lying down to one side or the other, or turning over in bed. The vertigo is a sudden, severe spinning sensation that may be accompanied by nausea, lightheadedness, and loss of balance. The actual spinning may last for less than 1 minute and symptoms may last for hours after the attack.

How is BPPV Diagnosed?

This is diagnosed during your clinic appointment based on your history and a characteristic nystagmus (involuntary eye movements) during the Dix-Hallpike maneuver (lying down with head turned to one side).

How is BPPV Treated?

The canalith repositioning procedure (Epley) is performed to move the calcium deposits out of the semicircular canals into an area that will not cause vertigo. This procedure works 80-90% of the time, but in some cases, you may need it performed more than once. In rare cases, this may require surgery, which involves plugging the semicircular canal.

After Treatment in the office:

- 1) Sleep upright (between 90 and 45 degrees) with head facing forward for 48 hours
- 2) After the first 48 hours, sleep on your back and **DO NOT TURN TO THE AFFECTED SIDE** for 2 weeks
- 3) Wear a soft collar if instructed by your doctor
- 4) Start the Brandt-Daroff exercises if these symptoms return or have not revolved after 10 days
- 5) If these exercises do not help, then call the office for an appointment (248) 569-5985

Brandt-Daroff Exercises:

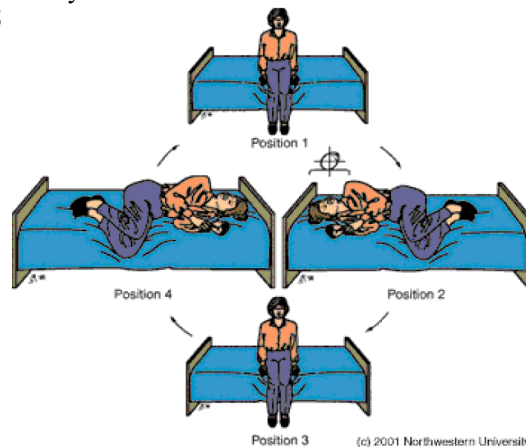
- 1) Sit on edge of bed and turn head 45 degrees to the right
- 2) Lay down on right side with head turned, wait 30 secs
- 3) Sit up, wait 30 secs (dizziness is normal)
- 4) Turn head 45 degrees to the left and lay down

Do these exercised 3 times daily for 2 weeks.

Morning – 5 repetitions (10 min)

Afternoon – 5 repetitions (10 min)

Nighttime - 5 repetitions (10 min)



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