

Benign paroxysmal positional vertigo (BPPV)

This leaflet gives some information about benign paroxysmal positional vertigo (BPPV). If you have any further questions or concerns, please do not hesitate to contact the balance clinic.

What is BPPV?

BPPV is the most common inner ear problem and cause of vertigo (a false sense of spinning). BPPV is a specific diagnosis and each word describes the condition:

Benign: this means it is not life-threatening, even though the symptoms can be very intense and upsetting

Paroxysmal: it comes in sudden, short spells

Positional: certain head positions or movements can trigger a spell

Vertigo: feeling like you're spinning, or the world around you is spinning

What causes BPPV?

There are crystals of calcium carbonate that are a normal part of our inner ear and help us with our balance and body motion. These tiny rock-like crystals are settled in the centre "pouch" of the inner ear. BPPV is caused by the crystals becoming "unglued" from their normal place. They begin to float around and get stuck on sensors in the wrong canal of the inner ear. The dizziness you feel will continue until the crystals settle after you move. As the crystals move and settle, your brain is getting powerful, false messages telling you that you are violently spinning, when all you may have done is moved slightly.

What are the common symptoms and how can BPPV affect me?

Everyone experiences BPPV differently, but there are common symptoms. The most common symptom is distinct spells of vertigo. You may experience nausea (vomiting) or a severe sense of feeling unstable or like you are losing your balance. These symptoms will be intense for seconds to minutes. You can have lasting feelings of dizziness and instability, but at a lesser level, once the episode has passed. In some people, especially older adults, BPPV can appear as an isolated sense of instability brought on by a position change like sitting up, looking up, bending over or reaching. BPPV does not cause constant severe dizziness and is usually triggered by movement, and it does not affect your hearing or cause you to faint.

The natural course of BPPV is to become less severe over time. People often report that their first BPPV spinning episode was the worst and that the following episodes were not as bad.

How common is BPPV?

BPPV is very common. It is more common in older people. Many of us will experience it at some time in our lives.

What caused my BPPV?

Most cases of BPPV happen for no reason. It can sometimes be associated with trauma, migraine, other inner ear problems, diabetes, osteoporosis, and lying in bed for long periods of time (preferred sleep side, surgical procedures, and illness).

How is BPPV diagnosed?

Normal scans and x-rays, and medical testing cannot confirm BPPV. Your health care provider will complete simple bedside testing to confirm your diagnosis. The bedside testing requires the examiner to move your head into a position that makes the crystals move and will make you dizzy. The testing may include hanging your head a little off the edge of the bed or rolling your head left and right while lying in bed. The examiner will be watching you for a certain eye movement to confirm your diagnosis. The most common tests are called the Dix-Hallpike test and the supine roll test.

Can BPPV be treated?

Yes. Although medicines are only used to relieve symptoms, such as nausea, most BPPV cases can be improved with bedside repositioning exercises that usually take only a few minutes to complete. They have high success rates (eight out of every 10 people will respond immediately) although sometimes the treatment needs to be repeated a few times. These manoeuvres are designed to guide the crystals back to their original location in your inner ear. They can be done at the same time that the diagnosis is carried out, or you might be sent to an audiologist or physiotherapist who can perform these manoeuvres, especially if you have any of the following:

- severe disabling symptoms
- you are an older adult with a history of falls, or fear of falling
- you have difficulty moving around (such as joint stiffness, especially in your neck and back, and/or weakness).

You can also be taught to perform these manoeuvres by yourself, which is called “self-repositioning.”

Is there any down side to BPPV repositioning treatments?

During the actual BPPV treatment there can be some brief distress from vertigo, nausea, and feelings of disorientation. Following the treatment, some people report their symptoms start to clear right away, and others report that they have continuing motion sickness-type symptoms and mild instability. These symptoms can take a few hours or a few days to go away.

Can BPPV go away on its own?

There is evidence that if BPPV is left untreated, it can go away within a few weeks. However, remember that while the crystals are out of place, in addition to feeling sick and sensitive to motion, your unsteadiness can increase your risk for falling. You will need to take precautions to not fall. You are at a higher risk of injury if you are a senior or have balance issues. Older adults are encouraged to seek professional help quickly to resolve symptoms.

How do I know my BPPV has gone away?

The strong spinning sensations that have been triggered by position changes should be greatly reduced, or completely gone.

How long will it take before I feel better?

You can still feel a little bit sensitive to movement even after successful treatments for BPPV. You can also feel unsteady at times. These mild symptoms can take up to a few weeks to slowly go away, but you should follow up with your medical provider or physiotherapist if your symptoms of dizziness or instability do not get better within this time. Older adults with a history of falls or fear of falling may need further exercises or balance therapy to cure their BPPV completely.

Is there anything I should or shouldn't do to help my BPPV?

Yes. Your balance will be very poor, so you will need to take precautions so that you don't fall. You will feel more sensitive to movement until the BPPV has healed. When your symptoms are fading, it is important to return to normal activities that you can do safely. Exposure to motion and movement will help to speed your healing.

Can BPPV come back and/or can I prevent it?

Unfortunately, BPPV is a condition that can sometimes return. You may only ever have a few episodes, or they may become more frequent, often caused by factors such as physical injury, inner ear conditions, or aging. We cannot stop BPPV from coming back, but we can treat it with a high rate of success.

What happens if I still have symptoms following my initial treatments?

There are a number of reasons your initial treatment could have failed:

- It is quite normal to need more than one repositioning session to get the crystals back in their proper place. You may only need a few more treatments.
- There are a number of different types of BPPV. The self-treatment is designed for the most common form, but there are other treatments available for the other types.
- BPPV can sometimes be in more than one canal and/or side at the same time. This may require multiple treatments to resolve.
- If your initial tries at self-repositioning have failed, seek a BPPV specialist. It can be difficult to complete correct positioning by yourself. A professional may be able to complete better positioning and/or use helpful equipment.

There can be some significant leftover dizziness even after the BPPV crystals have been correctly repositioned. This dizziness may require more time (few days to couple of weeks) or it may be appropriate for a different exercise/movement. It is VERY important to follow-up with your healthcare provider if you continue to have symptoms. You may be sent for further tests to confirm your diagnosis or discuss further treatment options.

Acknowledgements

This leaflet has been produced for a UK audience, with kind permission from the American Academy of Otolaryngology.

Useful sources of information

American Academy of Otolaryngology – Head and neck surgery: www.entnet.org/BPPVCPG
Vestibular Disorders Association (VEDA): INFO@vestibular.org
Meniere's Society: www.menieres.org.uk

Contact us

If you have any questions or concerns about BPPV, please contact the balance clinic on 020 7188 2214 (Monday to Friday, 9am to 5pm).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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t: 0800 731 0319 **e:** members@gstt.nhs.uk **w:** www.guysandstthomas.nhs.uk/membership

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