A Guide to Dizziness and Vertigo

What is Dizziness and Vertigo?

What Causes Dizziness and Vertigo?

The Academic Difference

The Medical College of Wisconsin Otology Division has specialized board-certified training in treating disorders of the hearing and balance systems. We have had years of clinical experience treating these disorders. This expertise provides the patient access to the most up-to-date techniques and treatments for ear-related causes of dizziness.

The Froedtert Hospital Vestibular Therapy Program is staffed by physical therapists with specialized training in the assessment and treatment of vertigo and balance disorders. We have received extensive education in the evaluation of vestibular disorders and stay up to date with the latest treatment techniques.

The partnership between the Medical College of Wisconsin and Froedtert Hospital ensures that the best minds and best clinical services work together to provide the best care possible.

Talking to your doctor about dizziness

Definitions

Dizzy: non-specific term for feeling “off”
Vertigo: a strong sensation of spinning
Lightheadedness: faint or woozy feeling
Imbalance: unsteadiness, difficulty walking
Oscillopsia: objects in visual field move

Timing of the Dizziness

Episodic: distinct start and end to attacks
Chronic: always there to some degree
Waxing and waning: chronic but with stronger and weaker sensations
Sudden onset: no warning
Aura: feeling that something is starting or other preliminary symptoms

Duration of the Dizziness

Seconds, minutes, hours, days, longer
It is of utmost importance to distinguish different types of dizziness during an attack and the timing of each.
Example: Spinning for 3 hours; or spinning for 30 seconds followed by hours of queasiness; or episodic spinning lasting a few minutes but occurring multiple times per day over two weeks

Associated Symptoms

Note timing of other symptoms relative to the dizziness: before, with, during, after
Note hearing loss, tinnitus (ringing in the ears), fatigue, nausea, numbness, headache, neck pain, head pressure, fullness in ears
Note triggers: movement, head tilt, food or drink, menses, lying down, visual stimuli, stress, sound, medication

Dr. David R. Friedland, MD, PhD
Dr. Steven A. Harvey, MD
Helen Kim, APNP
Lexi Miles, MPT
Jenny Roth, MPT
414-805-5625 (Otolaryngology)
414-805-0228 (Vestibular Rehabilitation)
Website: http://www.mcw.edu/ENT
A sense of equilibrium is a complex interaction between many organ systems and body functions. Important components include the ears, eyes, brain, musculature, neck and spine, sensory systems in the feet and knees, nervous system, endocrine system and cardiovascular system. Disruption of any can cause a sense of dizziness. In some cases the description and nature of the dizziness can point your physician in the best direction for evaluation. In many cases you may need to be evaluated by several different providers to obtain a diagnosis. Unfortunately, in many situations a definitive diagnosis is not reached and treatment will be directed at managing the symptoms. Vestibular therapy can help many of the conditions listed here.

With dizziness it is important to make sure it is not from a serious condition such as stroke or heart attack. Once these have been ruled-out a multi-disciplinary evaluation can provide the most efficient and effective diagnosis and treatment.

Dizziness and vertigo are scary!! As many as 30% of patients develop fear of their dizziness. They may limit their activities to keep from falling or provoking attacks. This, in itself, can worsen dizziness and make it chronic and disabling. Treatments for dizziness include treating the primary cause and vestibular therapy and/or psychotherapy to improve overall function. Anxiety and panic attacks are common with dizziness and will generate chronic dizziness on their own.

**Vestibular neuritis or labyrinthitis** is a sudden loss of function of the balance system in one ear. It causes severe vertigo that lasts days followed by a slow recovery over weeks during which there may be smaller attacks of dizziness. This typically does not recur but can take months to recover.

**Meniere’s disease** is an abnormality of inner ear fluid pressure and causes episodic vertigo with attacks lasting less than a day, usually a few hours. It is associated with hearing loss, tinnitus and ear pressure in one ear. These symptoms can fluctuate with the vertigo.

**Benign paroxysmal positional vertigo** or BPPV is caused by loose crystals within the inner ear. This causes short episodes (<1 min) of vertigo that occur when the head is put in a specific position. Common positions are turning in bed or looking upwards. This is common after a prior attack of vestibular neuritis or head trauma.

**Presbystasis** is the term for age-related decline in vestibular function. This causes general imbalance and unsteadiness.

**Bilateral hypofunction** is the loss of balance function in both ears. This is often the result of certain “ear-toxic” medications such as gentamycin or certain chemotherapies. This causes general imbalance, unsteadiness and motion sensitivity. The eyes may seem to “bounce” when walking.

Other disorders include acoustic neuroma and superior semicircular canal dehiscence.

**Vestibular migraine** is one of the most common causes of dizziness and may affect as many as 1 in 100 persons. A family or personal history of migraine is often present. Headache is not always present during dizziness. Patients are often very motion sensitive.

**Orthostasis** is a change in blood pressure when changing position, typically standing up. This often causes a faint or lightheaded type of dizziness. It is common in people with cardiovascular disease, anemia, and on blood pressure medications. It can happen with presbystasis.

**Diabetes** causes problems with nerve function called neuropathy. If the nerves in the legs and feet have diabetic neuropathy this can cause unsteadiness and imbalance.

**Mal de Debarquement** is translated “bad landing”. It often happens after travel, especially cruises. It is a sense of being chronically unstable with some times worse than others.

**Cervicogenic dizziness** is common in people with neck problems or neck muscle tension. Abnormal signals from the neck trigger sensations of motion and dizziness.

**Post-concussive dizziness** is common after head trauma and can be chronic and long-lasting.

**Visual vertigo** is an over-sensitivity to visual stimuli which causes a sense of dizziness. Walking in a grocery store aisle or looking at the cover of this pamphlet can be disturbing.