

# Dizziness and balance problems



Brain & Spine  
Foundation

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A guide for patients and carers

The Brain and Spine Foundation provides support and information on all aspects of neurological conditions. Our publications are designed as guides for people affected by brain and spine conditions - patients, their families and carers. We aim to reduce uncertainty and anxiety by providing clear, concise, accurate and helpful information, and by answering the common questions that people ask. Any medical information is evidence-based and accounts for current best practice guidelines and standards of care.

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## Introduction

This booklet provides information on dizziness and balance problems: the symptoms of dizziness, how the balance system works, the tests you might need, the conditions that can cause dizziness and balance problems, and the treatments that might help. Sources of further support and information are listed in the Useful Contacts section. References are available on request.

# Common questions

## What is dizziness?

“Dizziness” is a general term to explain the feeling we have when there is something wrong with our sense of balance.

Many people who experience dizziness find it difficult to explain exactly how it makes them feel. For example, some people who feel dizzy, light-headed, giddy or off-balance describe the feeling as if they, or their surroundings, are spinning around. Doctors use the term **vertigo** (see below) to describe this spinning, revolving form of dizziness.

Other people describe the feeling as if they were walking on a mattress or walking on a soft surface like cotton wool. Some people describe it as similar to being tipsy or drunk. Others describe feeling “wobbly”, as if they were on a merry-go-round or on a boat on choppy water.

## What is vertigo?

Vertigo is a specific type of dizziness. It is the medical term for the form of dizziness that involves a person having a strong sense that they, or their surroundings, are moving when they are standing still. The sense of movement has a spinning, swaying or revolving nature to it. Less commonly, people might feel as if they are being pushed forward or as if they are falling.

Vertigo is not a fear of heights. However, some people might experience the symptoms of vertigo when looking down from a great height.

## Is dizziness a disease?

No. Dizziness and vertigo are not diseases in themselves. Dizziness is a symptom of a distinct condition or cause. There are many different conditions that can cause dizziness. In the same way, a cough is a symptom of many different possible conditions or causes.

It might not always be possible to diagnose a specific cause of dizziness.

## Is dizziness the sign of something serious?

Usually not. Dizziness and balance problems are quite common and something that many people will experience, especially as they get older. Fortunately, dizziness is very rarely the symptom of a serious or life-threatening condition.

## What is the most common cause of dizziness?

Most cases of dizziness and vertigo are caused by problems with the balance systems located in the inner ear (the labyrinth; see page 4). The widely-held belief that our sense of balance comes from the inner ear is largely true.

## Who should I see if I am worried about dizziness?

You should see your GP in the first instance. He or she can refer you to hospital specialists, if necessary.

# The balance system

## How does our balance system work?

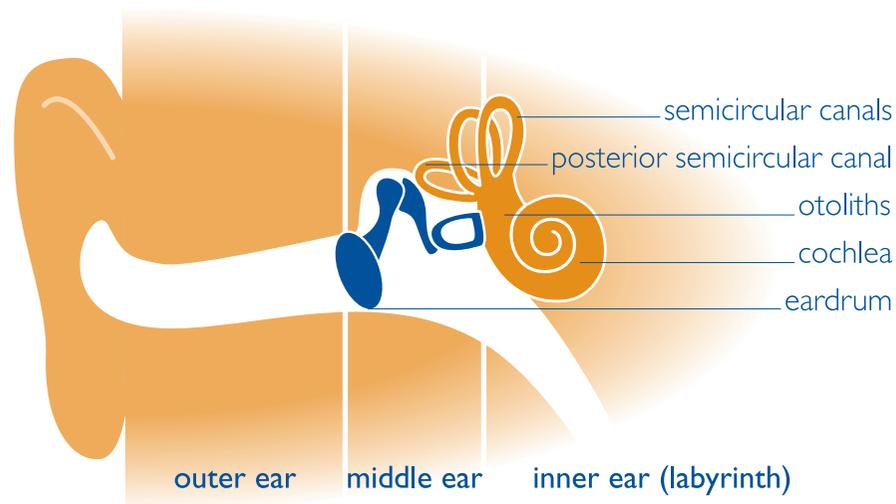
The ear has three main parts: the external or outer ear (the visible part on the outside), the middle ear (the main function of which is to transmit sound from the outer to the inner ear), and the inner ear (the labyrinth).

The balance system is a complex system of nerves, small tubes called semicircular canals, and fluid inside the labyrinth. It includes parts of the brain and other components.

## The labyrinth

The labyrinth is located deep inside some of the hardest bones in the skull. It is divided into the cochlea (the organ responsible for hearing) and the vestibular organs (responsible for balance). Because of the close link between the hearing and balance systems, your GP will ask you about your hearing when investigating your dizziness and balance problems.

## The structure of the ear



The vestibular (balance) systems inform your brain about the movements and position of your head. There are three sets of tubes (semicircular canals) in each vestibular system and these detect when you move your head. There are also two structures called the “otoliths” which inform your brain when your head is moving in a straight line and indicate the position of your head in respect of the pull of gravity.

Dizziness or vertigo occurs when the right and left balance systems do not work together in symmetry and your brain thinks your head is moving when it is not. This is why many forms of dizziness are triggered or made worse by moving your head.

**The labyrinth: the inner ear, containing the organs responsible for hearing and balance.**

## Vision and other parts of the balance system

Maintaining balance is a complex function and, although the ear is a very important component in the balance system, other factors play a role.

To have a good sense of balance we need to be able to see where we are and be aware of the position of certain key parts of our body in relation to other parts of the body, and in relation to the world around us. For example, your brain needs to know how your feet and legs are positioned in relation to your chest and shoulders. This information is conveyed to your brain by movement and position detectors located in your muscles, tendons and joints, particularly in the neck, ankles, legs and hips.

# The balance system

A crucial aspect of a good balance system is that your brain can control your balance by using the most reliable information it receives for any given moment or situation. For instance, in the dark, when the information conveyed by your eyes is reduced or unreliable, your brain will use more information from your legs and feet and your inner ear. Alternatively, if you are walking in daylight on a sandy beach, the information coming from your legs and feet will be less reliable and your brain will rely more on your vision and vestibular systems.

We almost never have to rely solely on the information provided by the balance organs of the ear. Many people retain a good sense of balance despite inner ear problems due to the complementary support provided by the eyes, and movement and position detectors in our joints and muscles. This is why even people who have lost the function of both inner ears do not entirely lose their sense of balance.

## The main parts of the balance system:

- Vestibular systems in the inner ear
- Vision (our eyes)
- Movement and position detectors in our joints and muscles

# Other symptoms

## What other symptoms might I have?

If your dizziness is caused by inner ear problems you might also experience problems with your hearing. This is because the balance and hearing systems are close together in the inner ear. If you do have hearing problems, they are likely to be either tinnitus (a ringing or buzzing noise in one or both ears) or varying degrees of hearing loss.



Some people experience clumsiness or unsteadiness because of physical problems like numbness or weakness in their legs. Other possible symptoms are double vision, numbness in your face, and problems with your speech. These might be signs that there are problems with the nerves in your face or head. These symptoms should be investigated by your doctor.

If you have had repetitive ear infections with discharge from your ear, your dizziness could be due to the balance systems in your inner ear being affected by a previous or current infection.

# Tests and investigations

## What questions might my doctor ask?

As well as asking you about your symptoms, your doctor will ask you about the circumstances of your dizziness to find out how long it lasts, whether it started spontaneously, whether it appears to be related to the movement or position of your head, whether it came out of the blue, or whether it first started after you had a bad cold or influenza (the 'flu).

You should try to answer your doctor's questions as accurately as possible.

Your GP might treat you with medication before referring you to a specialist.

## What tests might I have?

GPs refer people with dizziness and balance problems to many different hospital specialists. You might be referred to see a neurologist (a doctor who specialises in the diagnosis and treatment of people with brain and spine conditions) or an otologist (a doctor who specialises in the diagnosis and treatment of people with problems relating to the ear). The otologist might be an audiovestibular specialist or an ear, nose and throat specialist (an ENT surgeon). Some GPs refer people directly to physiotherapists.

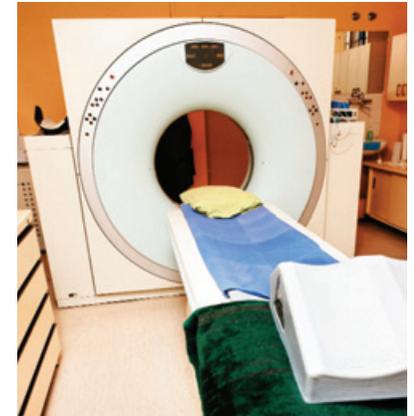
In some specialised hospital departments, or dizziness clinics, you might see more than one of these specialists. The tests you have will vary slightly according to your particular symptoms and the type of specialist you see.

## CT or MRI scan

You might have a scan of your ear or ears, or a scan of your brain. It is most likely to be a CT (Computerised Tomography) scan or an MRI (Magnetic Resonance Imaging) scan.

The scan is to check for any cysts, abnormal growths, inflammation, or problems with the blood supply to your brain that might be causing your dizziness.

(You might be interested in reading our fact sheet with information on brain scans for further details.)



## Hearing tests

You might have your hearing tested. This could involve you having a series of different hearing tests. Some of them might involve you saying when you can hear certain tones and others involve you having your hearing system assessed directly by electrical wires. The wires are connected to small pads that are gently attached to your head.

## Special balance tests

### The Hallpike test (positional test)

The Hallpike or positional test is the key test that most people with dizziness and balance problems will have. It is a clinical test carried out by the specialist during your examination.

The Hallpike test will establish whether your dizziness is triggered or made worse by particular movements of your head. Sitting on a couch or bed, you will be asked to lie down very quickly with your head turned to one side, then the other.

# Tests and investigations

The manoeuvre can bring on certain forms of dizziness but they will be temporary and should not last more than a minute. The procedure will not make your dizziness problem worse.

It is crucial that you keep your eyes open during the test because the doctor will establish from your eye movements during and immediately after the test what form of dizziness you have. Certain conditions like benign paroxysmal positional vertigo (BPPV; see page 12) can only be diagnosed by performing the Hallpike test and effective treatment can only be prescribed after an accurate diagnosis.

## Electronystagmography (ENG)

Electronystagmography (ENG) is one of the more common balance tests and records your eye movements. It can be carried out using video goggles or with electrical wires connected to small pads that are gently attached to the skin surrounding your eyes.



An ENG test is performed because the balance systems in the inner ear control the movement of our eyes very precisely and a problem with the balance centres in the ear or brain can cause abnormalities in our eye movement.

## Caloric test

The caloric test involves you having a small amount of cool or warm water trickled into your ears to modify the temperature of the balance organs in your inner ear. A small amount of pressurised air might be used instead of water. This test temporarily creates a small difference between the balance systems in the left and right sides of your head respectively. It can make you feel dizzy for a few minutes but will help diagnose problems with the balance mechanism in the ear.

# Causes of dizziness

## What conditions and diseases can cause dizziness?

Many different conditions can cause dizziness or sensations of being off-balance, for example, certain heart conditions, or blood disorders like anaemia. However, if you have been referred to a neurologist or an otologist, general conditions like these will usually have already been ruled out.

Dizziness is also the unwanted side effect of many different medications. You should discuss any concerns you have about medication with your GP or pharmacist.

Being stressed, anxious, tense or irritable can also provoke dizziness or a sense of imbalance. This can lead to a vicious circle effect as feeling dizzy in itself can lead to feeling stressed, anxious or depressed.

Travelling by road, rail, air or sea can cause motion or travel sickness. The common symptoms are dizziness, nausea (feeling sick) and vomiting (being sick).

## Vestibular neuritis (labyrinthitis)

Vestibular neuritis is a viral infection of the inner ear (it is sometimes called labyrinthitis or viral labyrinthitis). Some specialists think that the problem is specifically with the nerve cells or neurons in the inner ear.

People with vestibular neuritis usually experience a sudden onset of dizziness with a spinning sensation (vertigo), accompanied by nausea (feeling sick) and general unsteadiness. These symptoms often develop a few days or weeks after a bad cold or influenza (the 'flu).

# Causes of dizziness



People with vestibular neuritis often prefer to stay in bed because any movement makes their dizziness worse. The symptoms might last for just a few days but, in some cases, can persist for two or three weeks. Some people remain a little unsteady afterwards but most make a full recovery. Only a minority of people with vestibular neuritis will experience persistent, troublesome dizziness or suffer recurrences of the condition. Recurrences might be spontaneous or associated with further colds or bouts of influenza.

Vestibular neuritis does not cause hearing problems.

The initial dizziness caused by vestibular neuritis can be intense and very distressing. For the small number of people who experience prolonged or recurrent symptoms, the dizziness is not usually as intense but might be enough of a nuisance to affect their everyday lives.

The main treatment for vestibular neuritis, in its initial stage, is anti-vertigo drugs. These are the same type of drugs as those used to treat motion or travel sickness.

## Benign paroxysmal positional vertigo (BPPV)

People with benign paroxysmal positional vertigo (BPPV) experience intense bouts of dizziness with a revolving or spinning sensation. The dizziness is very short-lived, usually only lasting a minute or less, and is brought on by particular head movements. For example, movements like turning over in bed, or looking up to place a book on a shelf. Most people with this form of dizziness know exactly what sort of movements trigger their symptoms and can try to avoid them.

Specialists have established that the cause of BPPV is the build-up of certain particles, or crystals, within one of the tubes in the balance system called the posterior semicircular canal (see diagram, page 4).

BPPV can only be diagnosed by the Hallpike or positional test (see page 9). Due to the intricate connections between the balance system of the inner ear and the eye muscles, at its worst, BPPV causes a specific nystagmus (jerking movements of the eye) unique to the condition.

Recent developments in treatments have focussed on clearing out the particles trapped in the posterior semicircular canal. These treatments include the Canalith repositioning procedures (CRP; see page 23), or particle repositioning procedures. These effective, non-invasive treatments can be performed in your doctor's or physiotherapist's room and do not require the use of any specialised instruments. They are usually performed by a specialist rather than your GP who might not be familiar with them.

## Migrainous vertigo

People diagnosed with migrainous vertigo (or migraine-associated vertigo) experience vertigo as a symptom of migraine. Vertigo might be the main or only symptom of their migraine.

The most common symptoms of migraine are an intense headache, nausea (feeling sick) and vomiting (being sick). People might also have visual problems, speech problems, stiffness in their neck, and an increased sensitivity to light.

Avoiding trigger factors can be an effective way of preventing migraines. These include stress, tiredness and loss of sleep, certain food and drink (for example, chocolate, cheese or alcohol), and smoking or smoky environments.

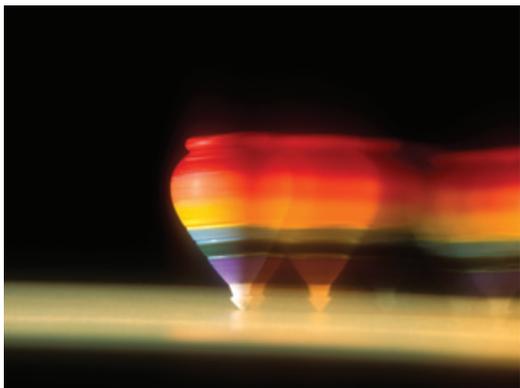
# Causes of dizziness

There are various medications used to treat migraines, including general pain-relief drugs like aspirin and paracetamol, anti-inflammatory drugs like ibuprofen, anti-sickness medication, and special migraine pain-relief medication only available on prescription. Your GP or pharmacist will advise you on the options.

## Ménière's disease

People with Ménière's disease experience repeated attacks of intense dizziness with a spinning sensation. Each attack can last from two to 24 hours and often involves the affected person vomiting (being sick).

People with Ménière's disease usually experience noticeable changes in their hearing either before or during their vertigo attacks, including tinnitus and a loss of hearing. Commonly, they also feel a tenderness or pressure in one of their ears immediately before or during the attacks. In the initial stages of the condition, people might maintain good balance and not experience any dizziness between attacks, but they are likely to experience varying degrees of hearing loss. This hearing loss usually fluctuates at first and improves after each dizziness attack. However, there is a tendency for hearing loss to get worse over time and it can become permanent. Around a third of people with Ménière's disease have symptoms in both their ears.



Usually, there is no warning sign that a dizziness attack is going to happen. People are often anxious about having an attack in public places because they are concerned that on-lookers will think they are drunk. The symptoms of an attack (being sick and losing balance) can be mistaken for drunkenness.

Specialists have not established the specific cause of Ménière's disease but each attack results from a build-up of pressure in the inner ear (a condition called endolymphatic hydrops). The main treatment for Ménière's disease is a strict low-salt diet and diuretic medication ("water tablets") the combination of which helps to get rid of excess salt and fluid in the body and reduces the risk of a build-up of salt, fluid and pressure in the ear. This treatment can help reduce the frequency and intensity of each vertigo attack but, unfortunately, will not necessarily slow down the progression of the deafness.

Anti-vertigo drugs might help some people if they are taken as soon as the first symptoms of Ménière's disease develop. Some anti-vertigo drugs are available in varieties that can be absorbed from the inside of the mouth, or as suppositories, and can be effective in reducing the intensity of vertigo attacks.

## Vascular vertigo

The term vascular is used to describe conditions related to the blood vessels and caused by a reduced supply of blood reaching a particular part of the body. In the case of dizziness, the areas receiving a reduced blood supply are the labyrinth (inner ear) and the lowermost part of the brain containing the balance centres. The labyrinth's and the brain's balance centres are supplied by the same blood vessels, so vascular dizziness can be caused by a combination of peripheral (inner ear) or central (brain) dysfunction. The symptoms can include hearing loss, visual problems (double vision, blurred vision or problems with peripheral vision), and numbness in the face or limbs.

People with vascular vertigo usually have other symptoms besides dizziness. Dizziness on its own rarely has a vascular cause. Vascular causes are more likely in older people. Their symptoms are usually an indication of general vascular disease and relate to risk factors like high blood pressure, smoking, high cholesterol, diabetes, or a family

# Causes of dizziness

history of vascular disease (high blood pressure, heart attacks, and strokes). For these people, treatment is aimed at reducing the vascular risks and most doctors will prescribe a small dose of aspirin a day to thin the blood as long as there are no reasons for someone to avoid taking it (for example, other medication, indigestion or other stomach problems).

## Post-traumatic vertigo

People diagnosed with post-traumatic vertigo have dizziness after trauma (injury) to the head. Dizziness can occur after only minor head injuries. The actual cause of the dizziness can be a combination of inner ear or brain disorders.

Of course, after an accident involving a head injury, people might also have injuries to other parts of their body (for example, broken limbs). And, as a result of their head injury, they might have health concerns more serious than dizziness problems.

Dizziness and balance problems might not become apparent until the person is well enough to be up and about again. This might be some time after their accident.

## Visual vertigo

Some people find that certain visual surroundings can trigger dizziness, or make existing dizziness and balance problems worse. For example, some people feel disorientated and dizzy in supermarkets when they are surrounded by tall stacked shelves, or in crowded train stations when they are surrounded by people. Others find that the sight of fast-moving or spinning objects can cause dizziness or make their dizziness worse. People might experience dizziness in a car when they see fast-moving scenery out of the window, or when they see fast-paced action on a TV or cinema screen.

People might also experience dizziness when they are adjusting to new prescription glasses or contact lenses.

Visual vertigo can also occur if people are experiencing problems like reduced or blurred vision. You should speak with your GP, optician or specialist if you experience problems with your vision.



## Peripheral vestibular disorders

In many cases, doctors are not able to diagnose an underlying condition or disease, they are only able to diagnose that the cause of someone's dizziness is related to the inner ear rather than the brain (a peripheral vestibular disorder).

Strictly speaking, vestibular neuritis, BPPV and Ménière's disease are all peripheral vestibular diseases, but some people experience dizziness caused by a condition that cannot be categorised into any of these well-defined groups.

For some people, abnormalities might show up in the specialised balance tests but, for others, even these special tests might not show anything. People might experience ever-present minor symptoms, or recurrent episodes of vertigo triggered by certain factors like head movements, tiredness, stress, menstrual periods, or viral infections.

You should not worry if your doctor is unable to diagnose a specific cause of your dizziness and balance problems. The majority of people in this situation experience improvements and recoveries over the long-term. Recovery can be helped by rehabilitation procedures (see page 19).

# Causes of dizziness

## Central neurological disorders

A minority of people with dizziness and balance problems have a neurological condition. The part of the brain that organises balance is the lowermost part and includes the brain stem and the cerebellum. This part of the brain is also responsible for movement, posture and speech, so these might also be affected. It is unlikely that dizziness will be the only symptom you experience if you have a neurological condition.

Strokes, demyelinating diseases of the nervous system (for example, multiple sclerosis), inflammation, or tumours can cause dizziness and balance problems. Other less common causes are bony deformities at the back of the head and the top of the spine.

These neurological causes can be identified by brain scans and a neurological examination. Your specialist will advise you.

# Possible treatments

Many causes of dizziness, like vestibular neuritis, BPPV, post-traumatic and non-specific peripheral vestibular disorders, tend to recover on their own. However, if you have been referred to a specialist it is likely that your dizziness is not clearing up of its own accord and you will need some form of treatment.

There are various possible treatments for dizziness and balance problems. Your specialist will assess which treatment might be suitable for you.

## Vestibular rehabilitation

The key treatment for almost all of the conditions that can cause dizziness is vestibular rehabilitation.

The aim of vestibular rehabilitation is to help the development of vestibular compensation.

### **Vestibular compensation**

Vestibular compensation is a process that allows the brain to regain balance control and minimise dizziness symptoms when there is damage to, or an imbalance between, the right and left vestibular organs in the inner ear. Essentially, the brain copes with the disorientating signals coming from the inner ears by learning to rely more on the alternative signals coming from the eyes, ankles, legs and neck to maintain balance. Vestibular compensation can be successfully achieved even when the damage to the inner ear is permanent.

The key way to assist the development of vestibular compensation is by doing vestibular rehabilitation exercises. These exercises involve movements of the eyes, the head, the upper body, and then the whole body under different visual situations (for example, with the eyes open or closed, or looking at steady objects or a moving ball), on different surfaces and in different environments.

# Possible treatments

A key factor is that the brain must sense the presence of dizziness or imbalance to begin the process of vestibular compensation. If, for example, you are regularly taking anti-vertigo drugs or lying still in bed, you might not experience dizziness. When the brain does not sense any dizziness or imbalance it does not realise something is wrong and consequently will not begin the process of vestibular compensation. For this reason, it might be that the physiotherapist or other specialist overseeing your rehabilitation asks you to reduce and eventually stop taking your anti-vertigo medication. This will be done in consultation with your GP.

As you progress in your rehabilitation programme to the more difficult vestibular exercises, you might experience dizziness when you perform them. This should not be seen as a setback or a reason to stop. It just means that an imbalance between your left and right vestibular systems still exists and the exercises you are doing will help your brain detect the imbalance so it can gradually begin to put it right. However, you should not go to the extreme of trying to induce dizziness by moving or exercising to the extent that you are sick or become exhausted.

Please note that you should not attempt any of these exercises without first seeing a specialist or physiotherapist for a comprehensive assessment, advice and guidance. Your GP can refer you.

## Cawthorne-Cooksey exercises

The aims of the Cawthorne-Cooksey exercises include relaxing the neck and shoulder muscles, training the eyes to move independently of the head, practising good balance in everyday situations, practising the head movements that cause dizziness (to help the development of vestibular compensation; see page 19), improving general co-ordination, and encouraging natural spontaneous movement.

You should be assessed for an individual exercise programme to ensure you are doing the appropriate exercises. You could ask if it is possible for a friend or relative to accompany you at the assessment. It can be helpful if someone else learns the exercises and helps you with them.

You will be given guidance on how many repetitions of each exercise to do and when to progress to the next set of exercises. As a general rule, you should build up gradually from one set of exercises to the next. You might find that your dizziness problems get worse for a few days after you start the exercises, but you should persevere with them.

Make sure that you are in a safe environment before you start any of the exercises to reduce the risk of injury.

The exercises might include the following:

### 1. In bed or sitting:

#### A. Eye movements (move eyes slowly at first, then quickly)

Up and down

From side to side

Focussing on finger moving from three feet to one foot away from face

#### B. Head movements (move head slowly at first, then quickly; with eyes open, then closed)

Bending forwards and backwards

Turning from side to side

### 2. Sitting:

#### A. Eye and head movements, as 1

#### B. Shrug and circle shoulders

#### C. Bend forward and pick up objects from the ground

*continued overleaf*

# Possible treatments

*continued*

## **3. Standing:**

- A. Eye, head and shoulder movements, as 1 and 2
- B. Change from a sitting to a standing position with eyes open, then closed
- C. Throw a ball from hand to hand above eye level
- D. Throw a ball from hand to hand under the knees
- E. Change from a sitting to a standing position, turning around in between

## **4. Moving about:**

- A. Walk across the room with eyes open, then closed
- B. Walk up and down a slope with eyes open, then closed
- C. Walk up and down steps with eyes open, then closed
- D. Throw and catch a ball
- E. Any game involving stooping, stretching and aiming (for example, bowls or skittles)

## **Gaze stabilization exercises**

The aim of gaze stabilization exercises is to improve vision and the ability to focus on a stationary object while the head is moving.

Your therapist should assess you and say which exercises are suitable for you.

1. Look straight ahead and focus on a letter (for example, an E) held at eye level in front of you.
2. Move your head from side to side, staying focussed on the target letter. Build up the speed of your head movement. It is crucial that the letter stays in focus. If you get too dizzy, slow down.
3. Try to continue for up to one minute (the brain needs this time in order to adapt). Build up gradually to repeat three to five times a day.

You can also do this exercise with an up and down (nodding) movement.

Progressions with this exercise can include placing the target letter on a busy background and changing the position of your feet.

## **Canalith repositioning procedures (CRP)**

Canalith repositioning procedures (CRP) are the key treatment for benign paroxysmal positional vertigo (BPPV).

Although most people with BPPV will recover within a few weeks or months, CRP can bring about a rapid recovery after just one or two sessions.

CRP involves a series of head and upper body movements performed by a trained specialist who watches your eye movements with each change of position. The aim is to clear out particles trapped in the posterior semicircular canal in your inner ear.

The two main CRP treatments are the Epley manoeuvre and the Semont (Semont-Liberatory) manoeuvre. Your specialist will assess you and advise which treatment is best for you. It is important that

# Possible treatments

these manoeuvres are only performed by a specialist who can prevent the risk of neck and back injuries.

People with recurrences of BPPV can have repeated CRP treatment or might be shown exercises to perform at home.

If you are shown exercises to perform at home, they are likely to be the Brandt-Daroff exercises:

1. Sit on the edge of the bed and turn your head 45 degrees to one side.
2. Quickly lie down on your opposite side (that is, to the left if you turned your head to the right, and vice versa) so that the back of your head behind your ear touches the bed.
3. Hold this position for about 30 seconds.
4. Return to the sitting position.

Repeat on the on the other side, alternating until you have completed six repetitions on each side.

If your GP is not familiar with CRP, contacting some of the organisations listed in the Useful Contacts section of this booklet might be helpful. Further information is available from regional physiotherapy or audiology centres.

## Medication

There are various anti-vertigo drugs available that can make you feel better during the initial or severe phases of dizziness. These are the same type of drugs as those used to treat motion or travel sickness.

Anti-vertigo drugs should only be taken for the first few days of an attack of dizziness. This is because long-term improvement depends on vestibular compensation (see page 19), not tablets.

It might be that you are prescribed tranquilizers to reduce anxiety. Again, it is usually best to use these only for the first few days of an attack of dizziness as the possible benefits are often outweighed by the risks of addiction and interference with the development of vestibular compensation.



If you have been diagnosed with dizziness and balance problems caused by migraine, your GP or specialist might advise you to take medication to treat the symptoms of migraine (see migrainous vertigo, page 13). This might include pain-relief or anti-nausea medication.

## Other therapies

Dizziness and balance problems can cause stress, anxiety and worries.

If you have experienced dizziness for a long period of time, you might be concerned that you will never recover or that, despite what your doctors are telling you, you might have a serious underlying health problem.

Your dizziness might create worries about going to work or attending social events. You might feel concerned about visiting friends and family, or looking after your children or grandchildren. Many people are anxious about experiencing an attack of dizziness in public and fear the embarrassment it could cause them during everyday activities like going to the shops, eating out at a restaurant, or going to the cinema.

## Possible treatments

For some people, it might be that stress and anxiety themselves lead to dizziness and balance problems.

Some people feel anxious in stressful situations like crowded public places, or in enclosed or confined spaces. This anxiety can lead to panic attacks. Some people might experience hyperventilation (quickened and excessive breathing) during a panic attack. Hyperventilation can cause light-headedness and dizziness in people who might not otherwise experience it. For some people, feeling tense or stressed is enough to make them feel dizzy even if they do not experience panic attacks and hyperventilation.

You should speak with your GP for advice on coping with stress and anxiety. It might be that you are referred to a counselling service.

Cognitive Behavioural Therapy (CBT) can be helpful for people experiencing stress, anxiety or depression. Relaxation therapy or breathing exercises can be helpful to reduce stress and anxiety and allow people to feel more in control of otherwise difficult situations.

### Surgery

Only a very small minority of people with dizziness and balance problems will need surgery to improve their symptoms. The type of operation will differ according to each individual situation and the particular surgery in which the ear, nose and throat (ENT) surgeon specialises.

Surgery will only be considered as an option for people who have not had noticeable improvements in their dizziness after long-term drug and rehabilitation treatments.

People with dizziness associated with ear discharge, long-standing middle ear infections, or ear drum perforations are the group most likely to be considered for surgery.

## Some tips for everyday life

### Keep active

You should not try to prevent episodes of dizziness by becoming inactive and avoiding doing the things that might cause them. It might be tempting to avoid moving around as normal to prevent feeling dizzy but this can lead to you not engaging in your usual everyday activities. You might even start avoiding being out and about to the extent that you withdraw from your usual social activities.

Unfortunately, this inactivity means that your brain is not exposed to the mismatching signals coming from the two balance systems in your inner ears and prevents the process of vestibular compensation (see page 19). Without the vestibular compensation process your dizziness will not go away. In turn, this can lead to depression, anxiety, increased inactivity, and more dizziness problems.

Try to participate fully and actively in your rehabilitation programme and have faith in the recovery process. You should do your vestibular rehabilitation exercises regularly and take part in physical activities and sports. Ball games requiring eye-head-body co-ordination are ideal. Exercises such as Tai Chi have been shown to improve balance.

Initially, just going for walks might be enough physical exercise to help the process of vestibular compensation. (Cycling and swimming are probably less effective in helping vestibular compensation but are worth trying if they are your preferred form of exercise.)



# Some tips for everyday life

## Don't suffer in silence

Try not to keep how you are feeling to yourself. Don't suffer in silence. Talk to your friends and family. Sharing your concerns and talking things through with them can be really helpful.

Dizziness and balance problems are more common than people often think. You could well find that your friends and family have experienced dizziness themselves, or know someone who has. Most of them will have experienced a good recovery and talking to them can help you stay positive about your situation.

## Keep a diary

Keeping a diary of your dizziness and balance problems can be a useful way to record when and where you experience dizziness and to track any changes in your condition.

Take the diary to your medical appointments. The more information you are able to give your GP or specialist, the better able they are to help you.



# Recovery

Around 20 years ago, there was not much that doctors could do to help people with dizziness and balance problems besides prescribing anti-vertigo drugs. These drugs are now known only to be useful in the initial phases of dizziness when people are often unable even to get out of bed.

Nowadays, nearly all people with dizziness and balance problems can make substantial and sustained recoveries. The key is making the effort to return gradually to physical activities as this helps the process of vestibular compensation.

Various treatments and vestibular rehabilitation programmes are now available and contribute further to the development of vestibular compensation and good recoveries.

Most dizziness and balance problems are caused by relatively mild conditions affecting the balance system in the inner ear (labyrinth).

Most people with dizziness and balance problems can expect to make a good recovery.

# Health professionals

**Otologist:** a doctor who specialises in the diagnosis and treatment of people with problems relating to the ear (hearing and balance problems).

**Neuro-otologist:** a doctor who specialises in the diagnosis and treatment of people with hearing and balance problems, and eye movement disorders.

**Audiovestibular specialist:** a doctor who specialises in the diagnosis and treatment of hearing and balance problems.

**Ear, nose and throat (ENT) surgeon:** a specialist doctor who performs operations on the ears, nose, throat, head and neck.

**Neurologist:** a doctor who specialises in the diagnosis and treatment of people with neurological conditions (conditions affecting the brain and spine).

**Audiologist:** a doctor who specialises in the diagnosis and treatment of hearing and balance problems.

**Physiotherapist:** a specialist health professional who assesses, plans and treats people with physical problems.

**Radiologist:** a specialist doctor who performs, reports and reads scans such as CT scans, MRI scans, and X-rays.

**Counsellor:** a person trained to give guidance on personal or psychological problems.

# Useful contacts

## Dizziness and balance problems:

### Brain and Spine Helpline

Brain and Spine Foundation  
3.36 Canterbury Court  
Kennington Park  
1-3 Brixton Road  
London SW9 6DE

**0808 808 1000**

**[www.brainandspine.org.uk](http://www.brainandspine.org.uk)**

Run by neuroscience nurses, providing support and information on all aspects of neurological conditions for patients, their families and carers, and health professionals.

### The British Society of Audiology - Balance Interest Group

Balance Interest Group  
The British Society of Audiology  
80 Brighton Road  
Reading RG6 1PS

**01189 660622**

**[www.balancenetwork.org/patient](http://www.balancenetwork.org/patient)**

Support and information on the balance system and balance problems.

# Useful contacts

## **Association of Chartered Physiotherapists Interested in Vestibular Rehabilitation (ACPIVR)**

The Chartered Society of Physiotherapy  
14 Bedford Row  
London WC1R 4ED

**020 7306 6666**

**[www.csp.org.uk](http://www.csp.org.uk)**

Physiotherapists specialising in vestibular rehabilitation. Contact through the Chartered Society of Physiotherapy.

## **Vestibular Disorders Association [USA]**

PO Box 13305  
Portland OR 97213-0305  
USA

**[www.vestibular.org](http://www.vestibular.org)**

US organisation providing support and information on vestibular disorders (conditions affecting the inner ear).

## **Ménière's disease:**

### **The Ménière's Society**

The Rookery  
Surrey Hills Business Park  
Wotton  
Dorking  
Surrey RH5 6QT

**0845 120 2975**

**Minicom: 01306 876883**

**[www.menieres.co.uk](http://www.menieres.co.uk)**

Support and information on Ménière's disease, vertigo, tinnitus and deafness.

## **Migraine:**

### **Migraine Action**

4th Floor  
27 East Street  
Leicester LE1 6NB

**0116 275 8317**

**[www.migraine.org.uk](http://www.migraine.org.uk)**

Support and information on migraine.

### **The Migraine Trust**

52-53 Russell Square  
London WC1B 4HP

**020 7631 6970**

**[www.migrainetrust.org](http://www.migrainetrust.org)**

Support and information on migraine.

## **Hearing problems and tinnitus:**

### **Royal National Institute for Deaf People (RNID)**

19-23 Featherstone Street  
London EC1Y 8SL

**Telephone: 0808 808 0123**

**Textphone: 0808 808 9000**

**[www.rnid.org.uk](http://www.rnid.org.uk)**

Support and information for deaf and hard of hearing people.

## Useful contacts

### **RNID Tinnitus Helpline**

Royal National Institute for Deaf People  
19-23 Featherstone Street  
London EC1Y 8SL

**Telephone: 0808 808 6666**

**Textphone: 0808 808 0007**

Support and information on tinnitus.

### **The British Tinnitus Association**

Ground Floor, Unit 5  
Acorn Business Park  
Woodseats Close  
Sheffield S8 0TB

**Telephone: 0800 018 0527**

**Minicom: 0114 258 5694**

**[www.tinnitus.org.uk](http://www.tinnitus.org.uk)**

Support and information on tinnitus.

### **General health:**

#### **NHS Choices**

**[www.nhs.uk](http://www.nhs.uk)**

#### **NHS Direct**

**0845 46 47**

Medical advice and information on health services.

## Support groups

The Brain and Spine Foundation's online discussion forum offers the opportunity to post messages, exchange views, share experiences and ask questions.

**[www.brainandspine.org.uk/forum](http://www.brainandspine.org.uk/forum)**

The following websites offer support and information on dizziness and balance problems from patient perspectives:

**[www.iamdizzy.com](http://www.iamdizzy.com)**

**[www.labyrinthitis.org.uk](http://www.labyrinthitis.org.uk)**

## Further reading

The Brain and Spine Foundation produces further information on the following related subjects: vestibular rehabilitation exercises, migraine, and brain scans (CT scans and MRI scans).

## References

Details of medical references used for this booklet are available at [www.brainandspine.org.uk/references](http://www.brainandspine.org.uk/references) or on request from the Brain and Spine Helpline 0808 808 1000.

# Thank you

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# Brain and Spine Foundation



The Foundation provides support and information to those affected by the many conditions associated with the brain and spine. The charity relies heavily on voluntary donations and fundraising events to provide the services which have helped many thousands of people across the UK.

You can help the future work of the Brain and Spine Foundation by

- Making a donation
- Organising or taking part in a fundraising event
- Offering your time as a volunteer
- Remembering the Brain and Spine Foundation in your will

Further details available from the address/telephone number below or from [www.brainandspine.org.uk](http://www.brainandspine.org.uk).

## Brain and Spine Foundation

3.36 Canterbury Court, Kennington Park, 1-3 Brixton Road  
London SW9 6DE

Telephone (switchboard): 020 7793 5900

Helpline: 0808 808 1000

[www.brainandspine.org.uk](http://www.brainandspine.org.uk)

Registered Charity Number: 1098528

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