

Dizziness and balance disorders

Dizziness

Dizziness is one of the most common health problems for adults.

Dizziness is often used to describe symptoms including that you or the room is spinning or moving (vertigo), a loss of balance, giddiness, unsteadiness, light-headedness or weakness. You may also experience nausea, fatigue, blurred vision and difficulty concentrating.

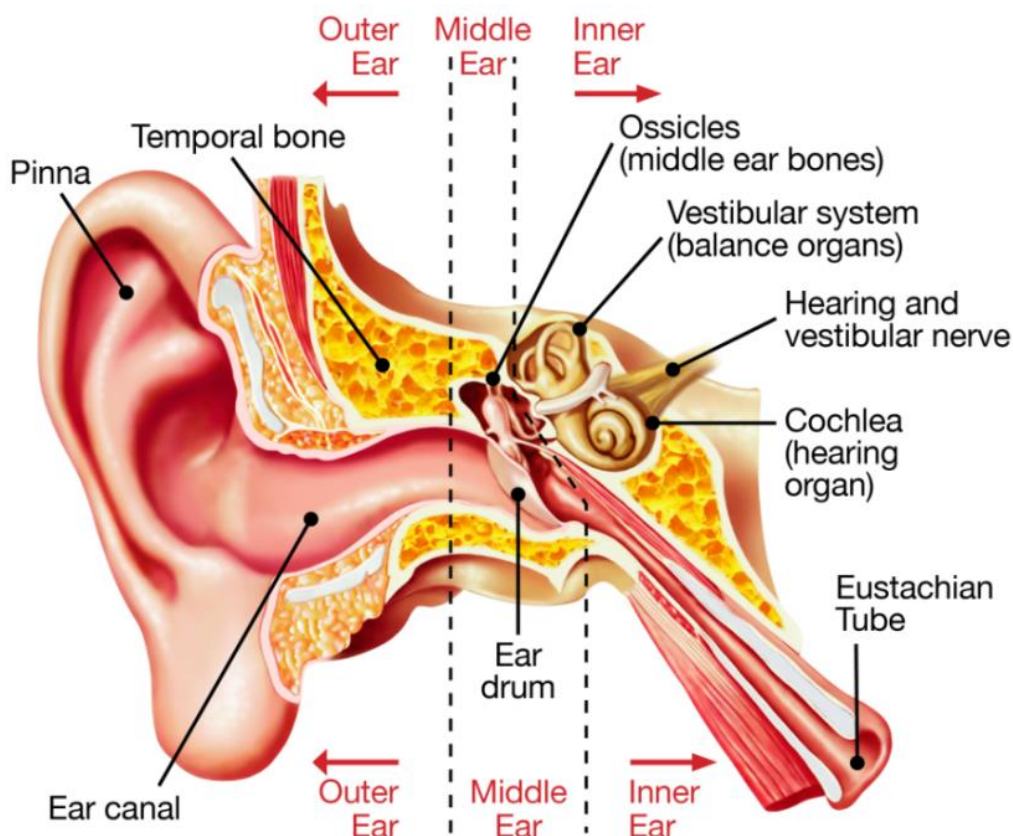
Symptoms may be constant or come and go. Episodes can last from minutes to days.

Balance

Your sense of balance is controlled by signals to the brain about body movement and your position in relation to the environment. The brain integrates this information and sends signals back to the muscles on how to maintain balance.

Three sensory systems manage balance:

- Vision
- Proprioception: movement sensors in the skin, muscle and joints
- Inner ears: the organ of balance in the inner ear is called the vestibular system. It includes three fluid-filled loops (semicircular canals) which respond to the rotation of the head. Near the semicircular canals are the utricle and saccule, which detect gravity and back-and-forth motion.



Good balance needs at least two of these three sensory systems working well. If one system is not working, the other two systems help keep you balanced.

If the brain can't process signals from all of these systems, or if the messages are not functioning properly, you may experience a loss of balance.

Investigating dizziness problems

The causes of dizziness or a balance disorder can be hard to find. Dizziness may occur for a number of reasons including inner ear problems, medication side effects, anxiety and brain or nerve disorders.

Sometimes a referral to an audiologist or specialist such as an ear, nose and throat specialist or neurologist is necessary. Modern diagnostic tests to investigate vestibular system disorders are available at some specialist audiology clinics.

Common causes of dizziness

Dizziness rarely indicates a serious or life-threatening condition, even though it can be very disturbing and disabling. Symptoms can often disappear with no treatment.

Inner ear (vestibular) disorders cause about half of all dizziness cases. Of these, about half are due to the following common causes:

- **Benign paroxysmal positional vertigo (BPPV):** involves intense, brief episodes of dizziness related to moving your head, often when turning over in bed or sitting up. It occurs when particles (otoconia) break loose and fall into the wrong part of the semicircular canals in the inner ear. This gives a sensation of spinning (vertigo). The cause of BPPV is not always known, but it may be a result of aging or head trauma.
- **Acute vestibular neuronitis or labyrinthitis:** is an inflammation of the inner ear causing sudden, intense vertigo that may persist for several days, with nausea and vomiting. This can be very disabling and may require bed rest initially. Fortunately, vestibular neuronitis generally subsides and clears up on its own. The cause of this condition is unknown but it may be a viral infection.
- **Meniere's disease:** involves the build-up of fluid pressure in the inner ear. This leads to repeated sudden episodes of vertigo lasting 20 minutes or longer, with changing hearing loss, the feeling of fullness in the ear and buzzing or ringing in the ear (tinnitus). The cause of Meniere's disease is unknown.
- **Vestibular migraine:** can cause vertigo lasting from minutes to days with or without headache. Attacks may be triggered by quick head turns, being in a crowded or confusing place, driving or riding in a vehicle, or watching movement on TV. Vestibular migraine may also cause unsteadiness, hearing loss, and ringing in the ears (tinnitus).
- **Anxiety and stress:** can intensify inner ear dizziness symptoms. Anxiety and stress are also the most common causes of dizziness that are not caused by the inner ear.
- **Other causes:** brain related disorders and medical conditions such as low blood pressure.



Treating dizziness

Treatment for dizziness and balance disorders varies depending on the diagnosis and severity. In mild cases, symptoms may go away on their own as the vestibular system heals or the body learns to adjust.

Treatments may include medication, changing the diet, counselling, simple home exercises, physical therapy and in rare cases, surgery.

Vestibular rehabilitation is a physiotherapy program that includes balance activities and eye movement exercises, easily practiced at home. The activities restore the best use of the remaining vestibular function, the vision, the sensation in the feet and balance reactions to help patient maintain their balance.

Further information

Neuro-otology Investigation Unit

The Royal Victorian Eye and Ear Hospital Audiology Service
(03) 9929 8270

Vestibular Physiotherapy and Falls and Balance Clinic

Call the above number for a list of vestibular physiotherapists or contact:
Australian Physiotherapy Association
(03) 9534 9400
www.physiotherapy.asn.au

Meniere's Support Group

(03) 9783 9233
www.menieres.org.au

Vestibular Disorder Association (VEDA)

www.vestibular.org

This brochure was adapted from the VEDA, Mayo Clinic website.

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Dizziness and balance disorders #76 | Owner: Audiology | Last published: 27/09/17 | Next review: 27/09/19

