

## Referral Support Service

ENT

### ENT03

### Benign Paroxysmal Positional Vertigo

#### Definition

Paroxysms of rotational vertigo lasting for seconds to minutes, often associated with change in position, without hearing loss or headache. Caused by otoliths in the vestibular apparatus.

#### Exclude Red Flag Symptoms

- Cerebellar signs should be excluded: Dysdiadochokinesis (DDK), Past-pointing, Limb/trunk/gait ataxia, dysarthria- refer Stroke pathway or Neurology as relevant.
- Syncope- not a feature of BPPV

#### Management

- History: a good history of rotational vertigo on position change lasting for seconds to minutes.
- Examination: fatiguable nystagmus may be detected (to the affected side) routinely or upon Hallpike-Dix testing. To view a demonstration, please [click here](#)
- Treatment depends on severity:
- sometimes reassurance for mild cases suffices
- Cannolith repositioning: Epley's Manoeuvre can be performed in surgery, but warn patient they may not be able to drive afterwards. To view a demonstration, please [click here](#)
- Brandt Daroff self-help exercises please [click here](#)
- Use of vestibular sedatives (e.g. **prochlorperazine**) should be reserved for severe cases and for short duration of use only e.g. 3-5 days, as delays recovery. NOT recommended by NICE CKS 2013

A US guideline on the management of BPPV found no evidence to suggest that symptomatic drugs are a substitute for repositioning manoeuvres. Those studies that showed improvement with medication were carried out over the same period that spontaneous resolution would be expected to occur [[Bhattacharyya et al, 2008](#)]. Expert opinion in a narrative review [[Hain and Uddin, 2003](#)] and the opinion of CKS expert

reviewers was consistent with this, and suggests that most drugs are not effective in treating BPPV and may have adverse effects.

- Refractory Cases or if diagnostic uncertainty: refer to the Balance Clinic

## **Referral Information**

### **Information to include in referral letter**

- History: must include history of vertigo (seconds, hours, days), triggers, associated symptoms e.g. hearing loss, tinnitus, nausea and vomiting.
- Examination: Include auroscope findings postural BPs, neuro examination findings
- Treatment to date: Include details of impact of Epley's Manoeuvre, Brandt Daroff exercises, any therapy trials.
- Past medical/ surgical history
- Drug History
- Smoking cessation

## **Patient information leaflets/ PDAs**

Please [click here](#)

## **References**

- <http://www.patient.co.uk/health/Benign-Paroxysmal-Positional-Vertigo.htm>
- [NICE CKS BPPV](#) Sept 2013