RHH Ear Nose & Throat Clinic

Dizziness

Primary Care Management Guidelines for GPs

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local audiologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

Urgent Referral:
Sudden onset debilitating, constant vertigo, where the patient is very imbalanced requires urgent transfer to the nearest Emergency Department (suggestive of vestibular neuritis (labyrinthitis) or stroke)

Primary care management

Management	Rationale / Detail
Exclude orthostatic/postural hypotension	Standing and lying blood pressure
Consider migraine and treat if appropriate, eg: • Pizotifen 0.5mg to 1mg orally, at night, up to 3mg daily • Propanalol 40mg orally, 2 -3 times daily, up to 320mg • Verapamil (sustained release) 160 or 180mg orally, once daily, up to 320 or 360mg daily	Migraine is the second most common cause of vertigo, and can be managed by the GP
Perform two simple tests (in the GPs rooms) to assist determining the likely cause of the patient's vertigo: • Hallpike Test • Head Impulse Test	For patients with a limited range of neck movement or general mobility issues, consider a modified Hallpike A positive Hallpike test demonstrating clockwise rotational nystagmus identifies BPPV. A positive Head Impulse Test demonstrates an inability to maintain visual fixation on a target and implies a peripheral vestibulopathy

Management	**Rationale / Detail**
If the Hallpike Test is positive: • Consider Benign Paroxysmal Positional Vertigo (BPPV) which typically lasts 10-30 seconds, is induced with particular changes in head position and can result in movement limiting behaviour • Treat using particle repositioning manoeuvres eg the Epley Manoeuvre • Home Epley Manoeuvre , where appropriate, for patient to perform themselves • Consider referral to a community Vestibular Physiotherapy or Falls Clinic, especially for patients with a limited range of neck movement or general mobility issues • Provide Patient Info Leaflet on BPPV	• BPPV can be diagnosed and treated in the GPs rooms (or by an appropriate physiotherapist) • Although the vertigo has a short duration, the patient may complain of hours of symptoms because they may feel unwell afterward (eg. nausea, disequilibrium) • Note which positional changes induce the vertigo (e.g. rolling to the side in bed) • The Epley Manoeuvre, performed on the affected side, has an 80% success rate for symptom resolution on first treatment
If the Head Impulse Test is positive: • In a setting of acute, constant rotary vertigo for > 24 hours, consider vestibular neuritis	Refer to Vestibular Neuritis in the ENT Referral Guidelines.
Non-specific dizziness/disequilibrium • Avoid sedatives & vestibular suppressants (e.g. stemetil, diazepam) may exacerbate presentation • DEXA bone density scan and bone protection medication (calcium & vitamin D at a minimum) • Specialist referral as appropriate: consider geriatrician, ophthalmologist (if visual component suspected e.g. cataracts), neurologist (if neurological component suspected e.g. peripheral neuropathy)	Nonspecific unsteadiness, particularly in the elderly may represent multi-sensory disequilibrium, often with more than one aetiology (e.g. vision, peripheral sensation, vestibular hypofunction, hypothyroidism)

When to refer to the RHH

- Suspected BPPV:
- Positive Hallpike test – characteristic nystagmus that MUST be seen (not simply patient's report of dizziness on testing)
- Refractory to repeated Epley manoeuvres (greater than 3 treatments)
- Symptoms not resolved after seeing Vestibular Physiotherapist
- Co-morbid vestibular or otological conditions
- Patients where particle repositioning is not advised due to limited range of movement in the neck, or due to general mobility issues that cannot be managed by the Vestibular Physiotherapist
- Patients with suspected Migraine who have not responded to a trial of 2 or more different migraine prophylactic agents (please refer to Neurology)
- Anyone in whom the diagnosis is unclear

Information to include on the referral letter

- Copy of recent audiogram, if available
- Description of quality, onset and duration of vertigo including frequency (if episodic)
- Description of functional impact of vertigo
- Description of any associated otological/neurological symptoms
- Have any previous investigations been performed regarding the vertigo? Attach results
- Any treatments (medication/other) previously tried, duration of trial and effect
- Has a previous diagnosis been made for the cause of the vertigo? By whom? Attach correspondence

ENT Clinic contact details

Address: Wellington Clinics, Level 11, 42 Argyle Street, Hobart, Tas. 7000
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To contact ENT Registrar on-call phone RHH Switch on 6166 8308

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