Primary Care Guidelines – Vertigo/Dizziness

- Vertigo is defined as an illusion of movement
- Explore characteristics of symptoms; examine for nystagmus
- Do a Hallpike test in all patients presenting with vertigo/dizziness
- At every stage, explore ‘Red Flags’ and refer as necessary
- Dizziness with pre-syncopal symptoms should be referred to Cardiology
- Only the common causes of vertigo are included

**Patient attends with vertigo/dizziness**

Vertigo lasting < 1 min and triggered by changes in head position

- Hallpike positive
- Hallpike negative

Vertigo lasting 20 minutes or more

Episodic Vertigo lasting seconds to hours

Dizziness/imbalance provoked by general movement

**Click here for Hallpike positional test and Epley demonstration**

Is the vertigo associated with unilateral hearing loss/tinnitus?

- Yes
- No

Explore migraine triggers/features

- Consider multisensory factors in elderly (5)
- Uncompensated peripheral vestibular impairment (6)
- Bilateral vestibular failure: oscillopsia (7) with head movement
- Central vestibular (see Red Flags)

**Diagnosis: BPPV**

Rx Epley, if nystagmus consistent with Posterior canal BPPV (up-beating rotational geotropic) (1)

Recurrent attacks?

- Yes
- No

**Consider Vestibular Neuritis (3)**

**Consider Vestibular migraine (4)**

Refer to ENT/AVM if:

- Any other nystagmus
- No recovery after 2 Epleys

Consider Menière’s disease if vertigo lasts <24 hours. Start Betaahistine 16 mg mg tds and refer to ENT/AVM

Start vestibular suppressants for up to 72 hours e.g prochlorperazine 5-10mg tds. Refer to ENT/AVM if no better after 4 weeks

Try dietary avoidance. If no improvement, consider prophylaxis eg pizotifen 0.5mg - 1.5mg on. If no better refer AVM/Neurology

Refer to ENT/AVM for aetiology and management

**RED FLAGS**

- First attack of vertigo with acute severe headache (refer to A/E – r/o CVA)
- Persistent symptoms for > 1 month (refer to ENT/AVM)
- Nystagmus lasting > 48 hours (refer to ENT/AVM)
- Unilateral tinnitus/dyacusis/aural fullness (follow tinnitus pathway)
- Sudden/fluctuating hearing loss (follow hearing loss pathway)
- Dysconjugate eye movements (refer to Neurology)
- Posterior circulation symptoms (refer to Neurology)
- Positive Hallpike Test, provoking nystagmus but no symptoms (refer to AVM/Neurology)
- Vertical nystagmus (refer to AVM/Neurology)
- Cerebellar signs (refer to Neurology)

These are purposefully very short guidelines. For more comprehensive information please see guidelines written by Dr Peter West. Click here.

References: Awaiting references
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