

Dizziness & Balance Disorders

Dizziness

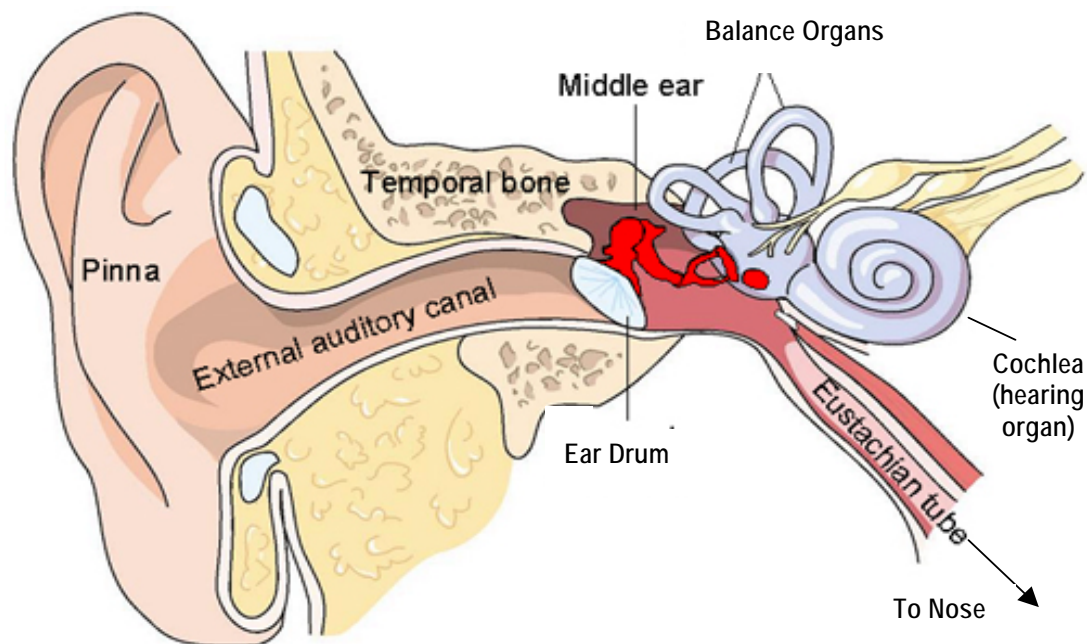
Dizziness is one of the most common health problems experienced by adults.

The word “dizziness” is often used to describe symptoms ranging from a sense that the patient or the room is spinning or moving (vertigo), to a loss of balance, unsteadiness, giddiness, light-headedness, or weakness. People may also experience nausea, fatigue, blurred vision and difficulty concentrating. Symptoms may be constant, or may come in episodes lasting from minutes to days.

Balance

Our sense of balance is controlled by signals to the brain from three sensory systems:

- Eyes
- Movement sensors in the skin, muscles and joints
- Inner ears (vestibular system): 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 depends on at least two of these three sensory systems working well. If one system is not working, signals from the other two sensory inputs help keep you balanced. However, if the brain can't process signals from all of these systems, or if the messages are contradictory or not functioning properly, you may experience loss of balance.

Investigating dizziness problems

The causes of a dizziness or balance disorder can be hard to find. Dizziness may come from a number of reasons, including inner ear problems, the side effects of some medications, anxiety, and brain or nerve disorders.

Sometimes a referral to a specialist such as an Ear, Nose and Throat Specialist, or to a 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 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 fairly common causes:

- **Benign Paroxysmal Positional Vertigo (BPPV).**
BPPV involves intense, brief episodes of dizziness associated with moving the head, often on turning over in bed or sitting up in the morning. It occurs when particles break loose and fall into the wrong part of the semicircular canals in the inner ear. This gives a false sensation of spinning (vertigo). The cause of BPPV is not known, but it may be a natural result of aging, and can come with head trauma.
- **Acute Vestibular Neuronitis, or Labyrinthitis**
These inflammations of the inner ear cause sudden, intense vertigo that may persist for several days, with nausea and vomiting. They can be very disabling, requiring bed rest. 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 30 minutes or longer, with fluctuating 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**, with or without headache, can cause vertigo lasting from minutes to days. Attacks may be triggered by quick head turns, being in a crowded or confusing place, driving or riding in a vehicle, or even watching movement on TV. Vestibular migraine may also cause unsteadiness, hearing loss, and ringing in the ears (tinnitus).

Anxiety and **stress** are known to exacerbate any inner ear dizziness symptoms. **Anxiety** and **stress** are also the most common causes of dizziness not due to the inner ear. Other causes include problems related to the brain, and other medical disorders such as low blood pressure.

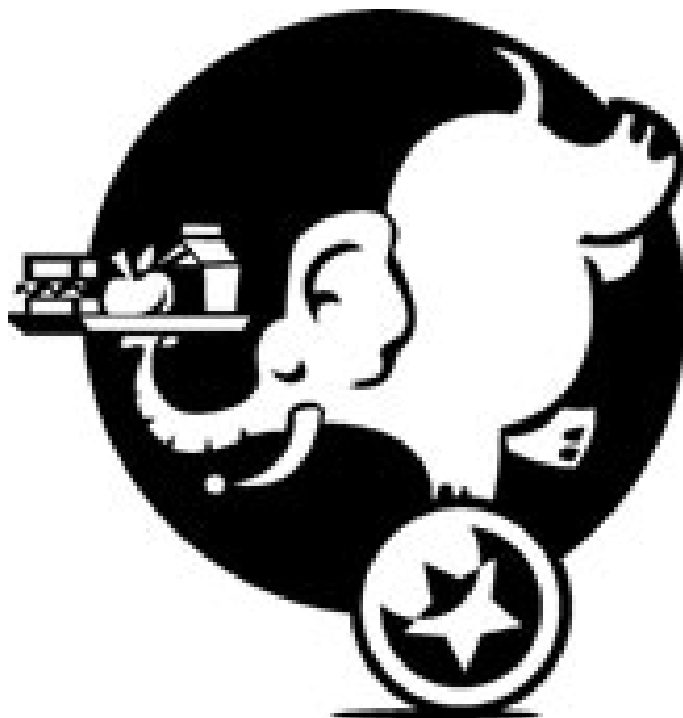
Coping with a dizziness problem

Treatment for vestibular disorders varies, depending on the diagnosis and the severity. In mild cases, the symptoms may go away on their own as the vestibular system heals, or the brain and nervous system learn to compensate. When a vestibular problem persists, management techniques are mostly used to help people overcome their symptoms.

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

Vestibular rehabilitation is a physiotherapy program to help compensate for vestibular system disorders. The program may include balance activities and eye movement exercises, easily practiced at home. The activities restore the best use of the remaining vestibular function, the vision, and the sensation in the feet to help patients keep their balance..

Understanding dizziness and your body may help you cope with your balance problem. We often link our dizziness symptoms to a problem with our balance organ. However, sometimes dizziness symptoms can be related to our emotional state. For further information see our pamphlet titled [Understanding Dizziness and Your Body](#).



For further information, contact:

VESTIBULAR INVESTIGATION UNIT (VIU)

University of Melbourne and Royal Victorian Eye & Ear Hospital Audiology Service

Ph. (03) 9929 8740

<http://www.bionicear.org/oto/vestibular.html>

Vestibular Physiotherapy and Falls and Balance Clinics.

Information about the vestibular physiotherapy clinic at the VIU can be found at

http://www.medoto.unimelb.edu.au/oto/VIU-Vestibular_Physiotherapy.html

or

Contact the Australian Physiotherapy Association

Ph: (03) 9534 9400,

www.physiotherapy.asn.au

Meniere's Support Group Vic.

Ph: (03) 9783 9233

www.menieres.org.au

Vestibular Disorder Association (VEDA)

www.vestibular.org

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