Central West Specialists
Ear, Nose & Throat Specialist

VERTIGO

Vertigo is a condition in which there is a hallucination (feeling) of movement. This movement may be of the environment spinning or of a tilting sensation. This is a common problem, and has a wide variety of causes.

In normal balance the body depends on the eyes, the joints, the base of the brain and cerebellum, and the most important of all – the inner ear. The balance part of the inner ear on either side work with one another to help maintain this. If there is a sudden loss of function of one inner ear, the patient may get a sensation of severe spinning. This may be associated with nausea and vomiting.

Vertigo can have may causes. Most are not serious and recovery will follow. Although there are several investigations that can be done for this condition, many cases can be diagnosed on the history of the problem and clinical examination alone.

CAUSES:

The onset of vertigo does not necessarily mean "Meniere's disease". This is a specific cause of vertigo due to a build-up of fluid in the inner ear.

Many other causes include viral infections, trauma, middle ear infection and occasional neurological disease. In older patients a relatively poor blood flow to the base of the brain is a common cause. This is known as verterbro-basilar insufficiency. Arthritis of the neck may also be a cause.

Sometimes a light-headed feeling predominates and this is not a true vertigo. Such causes as low blood sugar or over-breathing due to anxiety may cause this light-headedness. Drugs for blood pressure may also cause an unsteady feeling.

Tests:

Initially hearing tests may be done as the balancing and hearing nerve run together at the base of brain. An ENG test is sometimes indicated as it may be helpful in pinpointing an inner ear peripheral or neurological (central) cause. This test is slightly uncomfortable as it reproduces the dizziness. If the dizziness is bad enough to warrant this investigation it is best done in Sydney. Eye movement is measured during the episodes of induced dizziness to detect if the balance in one ear is better or worse than the other.

There are a wide variety of drugs available for vertigo.

<u>Acute onset of severe vertigo</u>

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With acute onset of severe vertigo, nausea and vomiting may occur. Stemetil or Phenergan as injections may be helpful in controlling this. Alternatively a Stemetil suppository may be helpful.

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Chronic Vertigo

The value in medication in these conditions is not so clear. Several drugs are available such as Stemetil and Serc, but it must be realised that a high natural resolution rate can occur in this type of problem.

Episodic Vertigo

This occurs in conditions such a Meniere's disease. Serc is widely marketed for this condition and although it certainly benefits many patients, it does not work on everyone. A low salt diet with or without a mild fluid tablet may also help in Meniere's disease.

Role of Physiotherapy

Balance exercises definitely help return the balance to normal. The aim of exercise is to exercise the balance apparatus and maintain it at peak function over-riding any slight malfunction in the system.

Surgery

Is reserved for patients with chronic debilitating vertigo. Several operations are available for inner ear causes of vertigo and the cure rate is generally about 90%. However, the vast majority of patients do not require surgery.

GENERAL MEASURES:

Poor eyesight is a common contributing factor to imbalance. The eyes are very important in those people with loss of inner ear balance and care should be taken when moving around in the dark. A walking stick is useful especially in those with poor eyesight. It is important also to wear flat-soled shoes to maintain maximal contact with the ground. Some medications are also implicated in disorders of balance and these medications need to be reviewed. Those medications particularly implicated are medications for blood pressure. It was thought that the blood flow to the base of the brain may be a problem in some people and this can be improved by a small dose of Aspirin everyday.

IN CONCLUSION:

Vertigo is a common problem. With initial onset it can be very disabling and distressing. There are many causes for it but in quite a number of cases no cause can be found. It usually improves with time. Fortunately a high rate of natural recovery can be expected. Multiple investigations, particularly in the early stages are often not indicated but a baseline hearing test may be helpful.

Medical therapy and balance exercises are the mainstay of treatment in the majority of cases and can be expected to help alleviate the symptoms. Surgery is rarely indicated in this condition.

N.B. If vertigo comes on without warning, it is dangerous to drive. Therefore driving is not recommended is such instances. See attached sheet.

VESTIBULAR DISORDERS

RELEVANCE TO DRIVING TASK

Driving ability is affected by a defect in balance and is therefore dependent on the normal functioning of the vestibular mechanism. Vestibular malfunction can occur suddenly and with sufficient severity to make safe driving of any type of vehicle impossible. It is often accompanied by nystagmus which compounds the disability in regard to driving.

GENERAL CONSIDERATIONS

Driving ability may be affected by unheralded attacks of vertigo which are associated with many vestibular disorders. Many vestibular disorders may vary between symptomatic and asymptomatic with little warning.

Subsequent to an initial attack of vertigo due to acute labyrinthitis, there may be further recurrence of vertigo for up to 12 months. Given that there are no pre-emptory symptoms, a sudden inability to drive may eventuate.

In cases of benign paroxysmal vertigo which causes nystagmus and vertigo when specific head positions are assumed, recurrence of symptoms are likely to present for many years despite treatment. This makes the task of isolating a given phase of the condition where symptoms deleterious to an individual's fitness to drive may be present, quite difficult.

In confirmed Meniere's disease, vestibular malfunction and nystagmus can occur despite treatment. The natural history is of progression associated with increasing deafness until, in the extreme, total loss of vestibular and cochlear function occurs. While sufferers of this condition should not be driving commercial vehicles, they may be able to hold conditional private licence.

MEDICAL STANDARDS

Generally, those who suffer from unheralded attacks of vertigo should not drive. Vestibular function should be assessed by using a simple Romberg test. The opinion of an otorhinolaryngologist may be sought.

MEDICAL STANDARDS – VESTIBULAR DISORDERS

CONDITION	DRIVERS OF CARS AND LIGHT TRUCKS, MOTORCYCLE RIDERS
Acute Labyrinthitis	Should not drive while symptoms persist.
Benign Paroxysmal Vertigo	Should not drive during exacerbations of the condition.

Meniere's Disease	Should not drive during exacerbations of the condition.
Recurrent Vertigo	Should not drive while symptoms persist.

- Practitioners may consider reporting to the Driver Licensing Authority patients who are unwilling to comply with driving restrictions that the practitioner recommends. Original article written by RTA.