

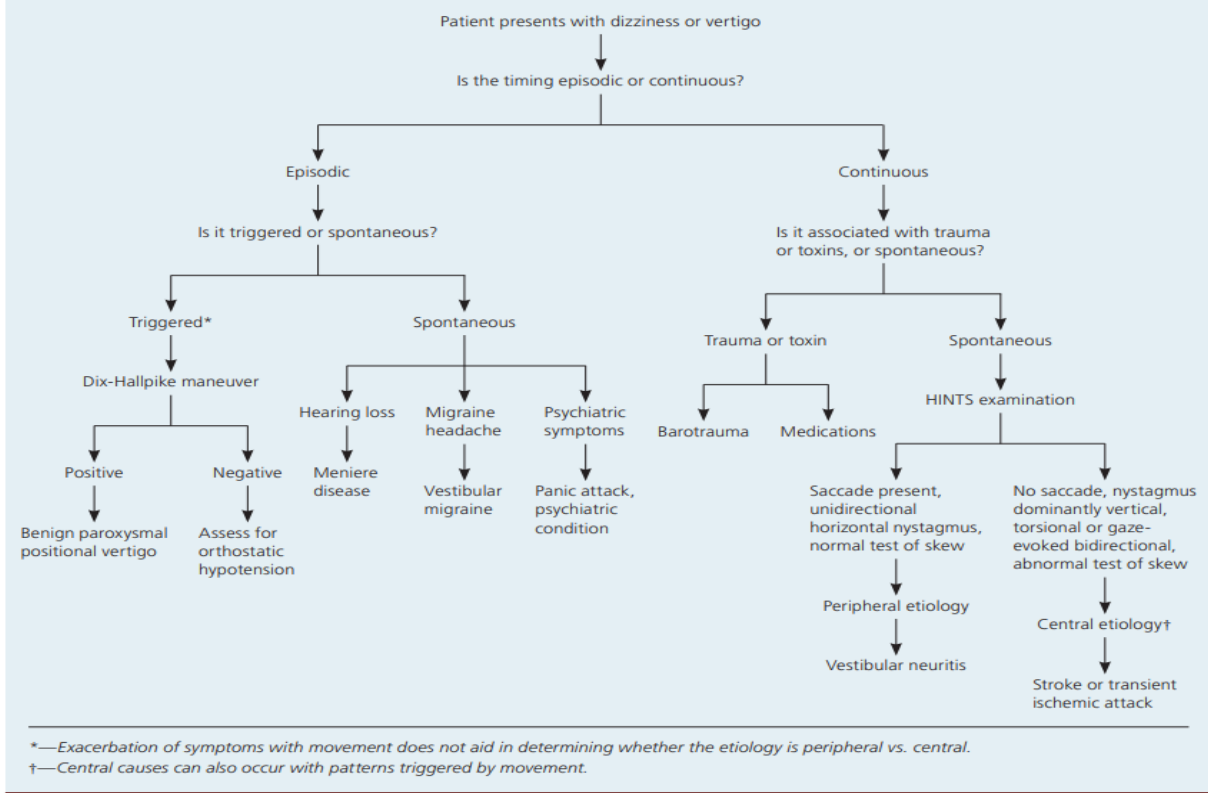
Dizziness Approach Clinical Guidelines

Definition

Dizziness is a common yet imprecise symptom. It was traditionally divided into four categories based on the patient's history: vertigo, presyncope, disequilibrium, and light-headedness. However, the distinction between these symptoms is of limited clinical usefulness. Patients have difficulty describing the quality of their symptoms but can more consistently identify the timing and triggers.

Assessment (History and Examination)

Assessment of Dizziness



Red Flags:

- Vertigo with diplopia, dysarthria, weakness, numbness, confusion, loss of consciousness, swallowing problem, seizures suggestive of central cause.
- Presyncope with nausea or vomiting, headache, sweating, tremors suggestive of hypoglycemia.
- Presyncope with palpitation or chest pain suggestive of valvular disease or acute coronary syndrome.

Examination:

- Vital signs: including blood pressure in sitting and standing (a drop in Systolic Blood Pressure of as much as 20 mmHg or Diastolic blood pressure of up to 10 mg, or a rise of heart rate of up to 20 beats per minute is indicative of orthostatic hypotension).
- Eye: for nystagmus.
- Ear: autoscopy, Rinne and Weber tests.
- CVS: carotids for bruits, heart sounds or murmurs.
- CNS: cranial nerves, gait, cerebellar signs, motor and sensory.
- Dix-Hallpike maneuver.

Table 1. Differential Diagnosis of Dizziness and Vertigo: Common Causes

Cause (most to least frequent)	Clinical description
Peripheral causes	
Benign paroxysmal positional vertigo	Transient triggered episodes of vertigo caused by dislodged canaliths in the semicircular canals
Vestibular neuritis	Spontaneous episodes of vertigo caused by inflammation of the vestibular nerve or labyrinthine organs, usually from a viral infection
Meniere disease	Spontaneous episodes of vertigo associated with unilateral hearing loss caused by excess endolymphatic fluid pressure in the inner ear
Otosclerosis	Spontaneous episodes of vertigo caused by abnormal bone growth in the middle ear and associated with conductive hearing loss
Central causes	
Vestibular migraine	Spontaneous episodes of vertigo associated with migraine headaches
Cerebrovascular disease	Continuous spontaneous episodes of vertigo caused by arterial occlusion or insufficiency, especially affecting the vertebrobasilar system
Cerebellopontine angle and posterior fossa meningiomas	Continuous spontaneous episodes of dizziness caused by vestibular schwannoma (i.e., acoustic neuroma), infratentorial ependymoma, brainstem glioma, medulloblastoma, or neurofibromatosis
Other causes	
Psychiatric	Initially episodic, then often continuous episodes of dizziness without another cause and associated with psychiatric condition (e.g., anxiety, depression, bipolar disorder)
Medication induced	Continuous episodes of dizziness without another cause and associated with a possible medication adverse effect
Cardiovascular/metabolic	Acute episodic symptoms that are not associated with any triggers
Orthostatic	Acute episodic symptoms associated with a change in position from supine or sitting to standing

Information from references 1 and 3.



Management

Treat underlying causes if any and advise: *I understand that these symptoms are frightening. However, I would like to reassure you as most causes of vertigo are not serious health threats.*"

- Ask the patient to lie still in a darkened room and avoid head movement if acutely vertiginous.
- Advise the patient to avoid provocative movement.
- Symptomatic relief medications.
- Ensure patient safety (Driving, dealing with heavy machinery)

Table 3. Vestibular Suppressant Medications

Medication	Dosage	Adverse effects
Antiemetics		
Metoclopramide (Reglan)	5 to 10 mg orally every 6 hours, or 5 to 10 mg slowly IV every 6 hours	Akathisia, atrioventricular block, bradycardia, bronchospasm, dizziness, drowsiness, dystonic reaction, gynecomastia, nausea, tardive dyskinesia
Prochlorperazine	5 to 10 mg orally or IM every 6 to 8 hours	Agitation, dizziness, drowsiness, dystonic reaction, extrapyramidal symptoms, photosensitivity, tardive dyskinesia
Antihistamines		
Dimenhydrinate	50 mg orally every 6 hours	Anorexia, blurred vision, dizziness, drowsiness, nausea
Meclizine (Antivert)	12.5 to 50 mg orally every 4 to 8 hours	Blurred vision, drowsiness, fatigue, headache, vomiting
Promethazine	25 mg every 6 hours orally, IM, or rectally every 4 to 12 hours	Agitation, bradycardia, confusion, constipation, drowsiness, dizziness, dystonia, extrapyramidal symptoms, gynecomastia, photosensitivity, urinary retention
Benzodiazepines		
Diazepam (Valium)	2 to 10 mg orally or IV every 4 to 8 hours	Amnesia, drowsiness, slurred speech, vertigo
Lorazepam (Ativan)	1 to 2 mg orally every 4 hours	Amnesia, dizziness, drowsiness, slurred speech, vertigo



APPROVAL			
	Name:	Position:	Signature:
Prepared By:	Dr. Hajar Al Suma	FM Consultant	
Reviewed and Approved By:	Dr. Mansoor Allajhar Dr. Musa Althwayee Dr. Ahmed Al Zahrani Dr. Hajar Al Suma Dr. Ahlam Al Harbi	FM Consultants	

Adopted from; AAFP

