






# Dizziness

“I feel dizzy Doc”. This is often a difficult consultation for a GP registrar. Dizziness incorporates a wide range of possible causes, ranging from benign to potentially life threatening. Appropriate work-up involves comprehensive history taking and examination, followed by selective use of appropriate investigations. Dizziness is a frequent presentation in general practice, and is a common cause of falls in the elderly.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• Common causes of dizziness in general practice</li> <li>• Approach to history taking and examination, especially key features to differentiate common causes</li> <li>• Clinical features of vertigo, giddiness, pre-syncope and disequilibrium</li> <li>• Red flags and serious causes not to be missed</li> <li>• Hallpike’s and <a href="#">Epley manoeuvres</a></li> <li>• Indications for investigation</li> <li>• Indications for referral</li> <li>• Treatment of common causes of dizziness</li> </ul>						
<p><b>PRE- SESSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Read the FOAM4GP article on dizziness as an overview - <a href="#">Do Dizzy Patients Make Your Head Spin</a></li> </ul>						
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• The commonest causes of dizziness in general practice are benign – postural hypotension, hyperventilation, vasovagal, labyrinthitis, BPPV</li> <li>• Ask about prescribed and other drugs, including alcohol</li> <li>• Consider depression and anxiety in patients with chronic low-grade dizziness</li> <li>• Peripheral causes of vertigo are commonly associated with nausea, vomiting and hearing loss</li> <li>• Hearing loss is a feature of labyrinthitis and Meniere’s disease</li> <li>• Vertigo is an uncommon presentation of CVA (think vertebrobasilar CVA in patients with risk factors)</li> <li>• Dizziness in children is uncommon and warrants early investigation</li> </ul>						
<p><b>RESOURCES</b></p> 	<table border="1"> <tbody> <tr> <td data-bbox="325 1673 432 1771"><b>Read</b></td> <td data-bbox="432 1673 1498 1771"> <ul style="list-style-type: none"> <li>• <a href="#">An Approach to Vertigo in General Practice</a> – AFP article</li> <li>• <a href="#">Dizziness: A Diagnostic Approach</a> – a good summary article in AAFP</li> </ul> </td> </tr> <tr> <td data-bbox="325 1771 432 1839"><b>Listen</b></td> <td data-bbox="432 1771 1498 1839"> <a href="#">Emcrit - Vertigo</a> – good summary by Dr Scott Weingart on dizziness         </td> </tr> <tr> <td data-bbox="325 1839 432 1899"><b>Watch</b></td> <td data-bbox="432 1839 1498 1899"> <a href="#">Epley Manoeuvre</a> - You Tube         </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• <a href="#">An Approach to Vertigo in General Practice</a> – AFP article</li> <li>• <a href="#">Dizziness: A Diagnostic Approach</a> – a good summary article in AAFP</li> </ul>	<b>Listen</b>	<a href="#">Emcrit - Vertigo</a> – good summary by Dr Scott Weingart on dizziness	<b>Watch</b>	<a href="#">Epley Manoeuvre</a> - You Tube
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<p><b>FOLLOW UP &amp; EXTENSION ACTIVITIES</b></p> 	<p>Registrar to undertake clinical reasoning challenge and discuss with supervisor</p>						

# Dizziness

## Clinical Reasoning Challenge

Margie is a 53 yo woman who presents with acute dizziness, nausea and vomiting for the past 5 hours. She describes a sense of the room 'spinning'.

Margie smokes 15 cigarettes per day. Her BP is 140/92.

On examination Margie is pale and sweaty. She has a left beating nystagmus which is enhanced on left gaze. There are no other neurological signs evident. Hearing is clinically normal and otoscopy is clear.

QUESTION 1. What is the SINGLE most likely clinical diagnosis on the basis of the information presented so far?  
Write ONE diagnosis

1 \_\_\_\_\_

QUESTION 2. What are the MOST IMPORTANT other causes to consider? List THREE MOST IMPORTANT differential diagnoses.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

QUESTION 3. What initial investigations would you request at this stage? List as many as appropriate.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

# Dizziness

## ANSWERS

### QUESTION 1

What is the SINGLE most likely clinical diagnosis on the basis of the information presented so far? Write ONE diagnosis

- Labyrinthitis has a similar presentation but is usually accompanied by hearing loss

### QUESTION 2

What are the MOST IMPORTANT other causes to consider? List THREE MOST IMPORTANT differential diagnoses.

- Vertebro-basilar CVA

Stroke should be considered when there are vascular risk factors, the presence of any one of the red flags or abnormal signs on examination of the cranial nerves.

- Meniere disease

While Meniere disease, can cause acute vertigo, it is not the likely cause in this case because:

- Attacks are brief (though the after effects of nausea, disequilibrium and ear symptoms may last hours to days )
- Recurrent episodes are required to make the diagnosis
- Associated ear symptoms (e.g. fluctuating low frequency sensorineural hearing loss, aural fullness and tinnitus) are usually present

- Benign paroxysmal positional vertigo

- Episodes of vertigo (BPPV) are usually provoked by a change in position of the head or change in posture.
- Episodes are brief and not accompanied by vomiting and not associated with spontaneous nystagmus before provocation

- Vestibular migraine

Migraine can cause acute vertigo, however, usually there are no clinical signs and there is usually, but not invariably, headache present. Consider a diagnosis of migraine where there is a past or family history of migraine. Like Meniere's disease, recurrent episodes are required before a diagnosis of vestibular migraine can be made.

### QUESTION 3

What initial investigations would you request at this stage? List as many as appropriate.

- It is reasonable at this stage to make a clinical diagnosis of vestibular neuronitis and treat expectantly without the need for any investigations.