**Dizziness and Vertigo – Management**

Check for hearing loss using Rinne and Weber tests

<https://www.youtube.com/watch?v=RVH4K4EcsiA>

**Dizziness with new hearing loss:**

* **?Meniere’s –** start Betahistine 16mg tds.

Refer ENT for confirmation

* **Labyrinthitis** – try vestibular suppressants for up to 72hrs. eg prochlorperazine

Consider high dose steroids if significant hearing loss. eg – prednisolone 50mg od for 1/52

Refer ENT

**Dizziness without hearing loss:**

* **BPPV –** Try Epley’s manoeuvre(For demonstration of procedure - <https://www.youtube.com/watch?v=9SLm76jQg3g>)

Refer ENT if no better after 2 attempts at Epley’s or not confident in technique

* **Vestibular Neuritis –** Try vestibular suppressants for up to 72hrs. eg. prochlorperazine

Refer ENT if no better after 4 weeks

* **Vestibular Migraine** – Explore migraine triggers, dietary avoidance

Consider migraine prophylaxis

Consider neurology referral

* **General dizziness/ imbalance –** consider:
* Psychological factors
* multisensory factors esp in elderly – falls clinic/ DMOP may be appropriate
* Uncompensated peripheral vestibular impairment
* Bilateral vestibular failure – characterised by oscillopsia with head movement
* Central vestibular
* **Cawthorne – Cooksey** exercises can help with vestibular retraining and may help improve symptoms
* <http://www.ncuh.nhs.uk/for-gps/clinical-information/cawthorne.pdf>

Refer ENTfor aetiology and management

**RED FLAGS:**

First attack of vertigo with acute severe headache +/- very high BP – Consider CVA

Vertigo associated with unilateral hearing loss +/- tinnitus +/- facial nerve palsy – Consider Acoustic Neuroma

Vertigo associated with cerebellar signs – Consider brainstem lesion or CVA