

The many possible causes of dizziness

Dizziness or vertigo is a common complaint, which affects 15% to 20% of adults every year. The incidence increases with age and 70% of individuals aged 65 years and above will probably consult their general practitioner with this affliction, which is often persistent. ANDRÉ MARAIS tells us more about it.



Dizziness or vertigo is commonly described as a feeling that a person's surroundings are moving when he or she is stationary. It is often accompanied by a sensation of spinning, resulting in a sense of imbalance or disequilibrium. Some experience additional symptoms such as sweating, nausea, light-headedness, a buzzing sound (tinnitus) in the ears, or an unsteady feeling in the legs. It is not known why dizziness occurs about two to three times more frequently in women than in men. However, it is one of the main complaints that drive patients to

seek an assessment by a neurologist.

The degree of vertigo cannot be "measured" and assessment of severity is typically based on what the patient experiences, combined with the most important signs and symptoms. In addition to a physical examination and balance inquiry, the doctor may request a hearing test, an electrocardiogram, a pulmonary function test or even a CT scan if indicated. Accurate identification of the cause is achieved in only 85% of people who suffer from dizziness and vertigo, while the remainder are treated symptomatically. Some people with

unidentifiable causes may benefit from psychological counselling to facilitate acceptance of their condition.

Unpredictable

The consequences of dizziness may be debilitating, particularly in those suffering from severe or persistent episodes. People with persistent vertigo are often anxious, insecure and fearful, because of the unpredictable nature of these attacks, which in turn negatively affects their functioning at work and in social environments. People who suffer from frequent dizzy spells may fear that

they have a sinister medical condition, for example a brain tumour. Fortunately that is almost never the case. Dizziness is incredibly annoying, but rarely life threatening. In rare cases it may be a symptom of serious illness, such as the onset of multiple sclerosis, but these are exceptions. For elderly patients, dizziness can be hazardous in the sense that it increases the risk of falling.

Balance

Elderly patients have multiple reasons for losing their balance. Dizziness can be the result of a simple uncomplicated issue, or may be associated with more serious underlying medical conditions. As one becomes older, muscles are weaker, the spine starts to twist, and the bones may become more brittle. These age-related causes are easily assessed by the doctor. However, diagnosing and treating balance ailments can be challenging in patients of any age, and more so in the elderly. The most common causes are vascular or central nervous system maladies, which are not usually seen in younger patients. In about 50% of cases there is a problem with the inner ear, which contains the vestibular apparatus (the mechanism tasked with maintaining balance).

Inner ear

Inner ear causes of vertigo are mostly associated with a “spinning” sensation, or motion-related dizziness, known as benign paroxysmal positional vertigo (BPPV). It is a form of acute dizziness caused by certain movements such as standing up, lying down, bending over, looking up and turning in bed. The dizziness can be extremely fierce, but usually subsides within a few minutes.

The inner ear contains a fluid-like jelly (called perilymph), which starts to crystallise with age. These crystals then form small stones, which may result in disruption of the normal functioning of the vestibular system. BPPV is treatable by resetting the loose crystals to their original position. This simple “repositioning manoeuvre” may be performed by a doctor, ENT specialist, neurologist or specialist physiotherapist. In certain instances, these crystals may block the normal flow of perilymph, causing a large build-up of fluid in

the inner ear, a condition known as Ménière’s disease.

Ménière’s disease presents with a sudden onset of severe vertigo, nausea, vomiting, tinnitus, pallor and cold sweats. It may progress to constant tinnitus and irreversible hearing loss. Although currently there is no treatment to reverse this condition, the symptoms are adequately controlled in 80% of patients with medication similar to anti-histamines, such as betahistine (Serc) or cinnarazine (Stugeron). Educating patients about the cause and recurrence rate of these attacks is of utmost importance.

In addition, fluid build-up and swelling inside the inner ear may be the result of inflammation caused by certain respiratory tract infections. When people experience sudden hearing loss after an episode of flu-like symptoms characterised by varying degrees of vertigo, it is called labyrinthitis or vestibular neuritis, and requires additional assessment, including treatment with appropriate antibiotics or anti-viral agents, if indicated.

Hyperventilation

Dizziness and light-headedness are implicated in 30% of elderly patients that suffer from chronic hyperventilation (very rapid breathing) for various causes and should be assessed by a healthcare professional.

Other less common causes of sudden attacks of vertigo include migraine headaches. These may last from a few minutes to several hours.

Low blood pressure

Low blood pressure (orthostatic hypotension) results in dizziness when standing up from a sitting position. This happens in older people in particular because of the reduced ability of the heart to pump blood to the brain as a result of the stiffening of the arteries, thereby not being able to quickly compensate for the change in posture. Reduced blood flow and inefficient blood supply to the brain may also be the result of cardiovascular complications such as a stroke, arteriosclerosis and impaired blood circulation.

In addition, stress, anxiety, panic

attacks, dehydration, depression and fatigue may cause dizziness.

Medicine

Finally, many prescribed and over-the-counter medicines may cause dizziness as side effects. These include certain sleeping pills, diuretics, anti-hypertensive drugs, antibiotics, antidepressants and pain-killers. ■



Symptoms diary

In conclusion, when dizziness occurs, it is always best to consult a doctor to rule out serious conditions that might be responsible for the episode. Remember to disclose your full medication history every time you consult a doctor, pharmacist or healthcare practitioner.

It is useful to keep a symptoms diary and to document information that may assist the doctor in making a diagnosis. Examples should include these pieces of information: What was I doing at the time prior to the episode? What symptoms did I notice in my body? How long did the episode last? What did I do to reduce the symptoms? This diary would help you to better understand the possible cause, and to avoid potential triggers of an attack.

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