

What is Vertigo? More Than the Spins

Vertigo is a bit different than feeling dizzy or faintish. It's the illusion of movement. It makes a person feel like his or her body is moving, or everything around them is going in circles or rocking side to side. All of the body's senses can be affected. If you're experiencing vertigo, you may feel like you're going to fall because the room is spinning.

This often leads people to seek medical attention because it can feel serious and disorienting. Yet, "most of the causes are benign," says Simon Angeli, M.D., a neuro-otologist and director of the University of Miami Health System's Ear Institute.

When to speak with your doctor



"Vertigo can be a sign of something more serious, especially if it does not go away, keeps returning, or limits your ability to work or do daily tasks," Dr. Angeli says.

Some people wait and see if it resolves itself. But, if you're experiencing vertigo for more than a few minutes — even if it's mild — speak with your primary care

physician.

When to seek urgent care

If you're experiencing other problems in combination with vertigo, seek immediate medical attention. These issues include vomiting, visual changes, sensitivity to light, paralysis of any limbs, slurred speech, facial paralysis, chest pain, and blurred vision.

"If you're also experiencing hearing loss, there may be a short window to recover or reduce this loss," so urgent care is needed, says Dr. Angeli.

What you should tell your doctor

- "The most important thing is to identify the trigger, if possible," Dr. Angeli says. "Is it body movement, exerting a lot of effort, loud sounds, head trauma, or certain drugs or foods?"
- Note the duration of the episode (seconds, minutes, or hours). When did it start?
- How severe is it? Do you feel like you're going to fall over? Are you able to safely drive?

This information, plus your medical history, will help the doctor determine the type, the trigger, and the best course of treatment for you.

What causes vertigo?

Head trauma or a rapid change in head movement

Benign paroxysmal positional vertigo (BPPV) is the most common cause of vertigo. It often comes with involuntary, abnormal eye movements. BPPV can occur spontaneously or be triggered by a blow to the head.

“BPPV is caused by floating particles located in the inner ear that keep moving around, even when your head stops moving,” says Dr. Angeli. “This causes a mismatch of information to the sensors in the brain and body that sense balance and body positioning.”

Inner ear problem

Peripheral vertigo is caused by a problem, typically inflammation, affecting the inner ear or vestibular nerve. Viral inflammation of the inner ear and the balance nerve can cause constant vertigo and imbalance lasting hours to days.

Neurological trauma/brain injury or disease

Central vertigo stems from a problem in the brain caused by a stroke, traumatic brain injury, infection, brain tumor, or multiple sclerosis.

Meniere’s disease

This treatable inner-ear disorder can cause fluid to build up and cause vertigo episodes lasting minutes to a few hours. It’s usually accompanied by hearing loss and ear pressure in one ear.

Migraines

Migraine headaches can trigger vertigo for minutes to hours. This can be hereditary.

Genetics

Familial benign recurrent vertigo can be passed down in families, especially among those with migraine-induced episodes of vertigo.

Neck/cervical problems

While less common, cervical genic vertigo is caused by neck/cervical spine issues.

“Vertigo can be caused by vascular problems (such as poor circulation, heart conditions, or stroke), metabolic issues (like diabetes), and as an adverse effect of prescription drugs,” says Dr. Angeli. “For others, vertigo is psychogenic, meaning it has no detectable cause.”

How is vertigo treated?

Following a physical exam and ancillary tests to rule out specific causes of the dizziness, an ear, nose, and throat specialist can determine the right course of treatment. In some cases, it resolves itself without medical treatment.

“Vertigo due to inner-ear inflammation is often treated with corticosteroids,” says Dr. Angeli. “There are now a number of drug therapies to prevent migraine-related vertigo that are very effective. Meniere’s vertigo can be prevented by dietary modification and drugs to decrease the excess fluid buildup in the inner ear. Rarely, surgery is indicated to cure some types of inner-ear vertigo.”

For some, treatment may include physical therapy exercises (called vestibular rehabilitation) or repositioning maneuvers (known as the canalith repositioning procedure). Some of the exercises or maneuvers may be done at home once you learn the proper technique. Avoid movements that trigger or worsen the sensation of spinning or falling.

Sleep deprivation and alcohol use can lead to feelings of vertigo, especially if you are already susceptible to it. Catching up on sleep, reducing your stress, drinking less, and staying hydrated can help relieve these episodes triggered by strain on the body.

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