

**PATIENT INFORMATION****BENIGN PAROXYSMAL POSITONAL VERTIGO**  
**(BPPV)*****What is benign paroxysmal positional vertigo (BPPV)?***

Vertigo is not an actual condition, but is instead the symptom of a balance disorder. Although people with vertigo sometimes mistakenly describe it as dizziness, they are not the same symptom. Vertigo combines disorientation with a sensation of motion, which can make the room feel as though it is spinning. Benign paroxysmal positional vertigo (BPPV) is the most common condition that causes vertigo.

***What causes BPPV?***

The eyes, muscles, and joints constantly provide information about the body's orientation to the brain. The vestibular system located in the inner ear is involved with equilibrium. Even though this system is in the inner ear, it is not an ear problem. The vestibular system helps you stay oriented in space and plays a big part in the sensation of balance.

Benign paroxysmal positional vertigo usually comes on when people change position, such as bending over to pick something up, turning over in bed, or moving their head quickly. The cause appears to be from a calcium deposition in the vestibular system, thereby blocking fluid in the canals (not the ear).

***What other conditions cause vertigo?***

There are several other types of vertigo, each with its own cause:

**Acute vestibular neuritis:** This condition is a dysfunction with the vestibular system that lasts for a few days but is not associated with any hearing or neurological symptoms. It is believed to triggered by a virus.

**Meniere's disease:** This condition is caused by a change in fluid volume in the labyrinth, and it accounts for about 10% of all vertigo cases. It also may cause hearing loss and tinnitus (ringing or roaring sound in the ear) in one or both ears.

Much more unusual causes of vertigo include:

- Acoustic neuroma (a benign tumor of the acoustic nerve that travels from the ear to the brain)
- Anxiety disorders
- Certain medications (such as anti-convulsants, alcohol, or quinine)
- Transient ischemic attacks (mini-strokes) or strokes in the brain
- Migraine headaches
- Multiple sclerosis
- Trauma/injury to the inner ear or head

### ***Should I be concerned that I have a more dangerous cause of vertigo?***

Although BPV is usually benign and temporary, it's important to get evaluated by your doctor, especially if your symptoms persist, because some conditions that cause vertigo can be serious. Seek emergency help or call your doctor if you have any of the following symptoms, as they may be a sign of stroke:

- A change in consciousness
- Difficulty speaking or walking
- Double vision
- Weakness

### ***How do I treat BPPV?***

Treatment for vertigo targets the underlying cause of the problem.

- Semont or Epley maneuver – a series of head-turning maneuvers done in the doctor's office and at home (see diagram) to move debris particles from one part of the inner ear to an area where they will not affect balance (for benign paroxysmal positional vertigo).
- Medications such as meclizine (antivert) may work for acute vertigo that lasts from a few hours to a few days.

## Self-treatment of benign positional vertigo (left)\*

1 Start sitting on a bed and turn your head 45° to the left. Place a pillow behind you so that on lying back it will be under your shoulders.

2 Lie back quickly with shoulders on the pillow and head reclined onto the bed. Wait for 30 seconds.

3 Turn your head 90° to the right (without raising it) and wait again for 30 seconds.

4 Turn your body and head another 90° to the right and wait for another 30 seconds.

5 Sit up on the right side.

This maneuver should be carried out three times a day. Repeat this daily until you are free from positional vertigo for 24 hours.

**\*If the symptoms are worse on the RIGHT, reverse the second and third maneuvers.**

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