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Dizziness and vertigo

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Rationale

Dizziness is a common, but imprecise complaint. Physicians need to determine whether it refers to vertigo, which may be a symptom of significant intracranial disease, or a non-specific symptom that could be related to non-vestibular causes.

Causal Conditions

(list not exhaustive)

- Vertigo
    a. Peripheral vestibular dysfunction
        - Benign positional vertigo
        - Peripheral vestibulopathy
        - Ménière's disease
        - Drugs (e.g., aminoglycosides)
        - Acoustic neuroma
- Central vestibular dysfunction
    a. Cerebrovascular
    b. Multiple sclerosis
    c. Drugs (e.g., anticonvulsants, hypnotics, alcohol)
- Other dizziness
    a. Hyperventilation
    b. Disequilibrium (e.g., poor mobility, peripheral neuropathy)
    c. Presyncope
    d. Anxiety or panic disorder

Key Objectives

Given a patient complaining of dizziness, the candidate will discriminate between vertigo and other causes.

Enabling Objectives

Given a patient with dizziness or vertigo, the candidate will

- list and interpret critical clinical findings, including
    a. distinguish clinically between amongst vertigo, gait disturbances, orthostatic light-headedness, and other disorders;
    b. differentiate patients with central versus peripheral causes of vertigo on the basis of history and physical examination;
- list and interpret critical investigations, including
    a. selection of patients requiring specialized testing;
- construct an effective initial management plan, including
    a. determine which patients with central vertigo require more urgent management;
    b. describe the symptomatic management of patients with benign causes of vertigo;
    c. counsel and educate patients with benign causes of dizziness or vertigo;
    d. select patients in need of specialized care.