

# 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.