

Dizziness and vertigo

(March 2023)

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.