Benign Paroxysmal Positional Vertigo (BPPV) Information for patients
Date of Assessment  ________________

Your audiologist
Introduction
You have attended Winchester Audiology Department today for assessment of the balance function of your ears. The tests carried out today have shown that your dizziness is caused by something called Benign Paroxysmal Positional Vertigo, or BPPV for short.

This information booklet explains more about what BPPV is and how it affects your balance. It also gives information on treatment that can be carried out at home.

What is BPPV?
BPPV is one of the most common forms of vertigo, accounting for up to one in five of the referrals to specialised dizziness clinics.

Benign
It is not dangerous. If untreated it will probably continue much as it is now although it can sometimes resolve by itself, commonly in the first month.

Paroxysmal
The attacks occur suddenly and last for a short time.

Positional
The dizziness only occurs when you are in certain positions.

Vertigo
As any illusion of movement is defined as ‘vertigo’.

In general, BPPV presents as short bursts of dizziness that occur with a sudden movement, often more in one direction than another.
What causes BPPV?

BPPV is caused by particles getting dislodged from one part of the organ of balance and getting stuck in another area. The organ of balance, or vestibular system, has three different parts. There are three tubes called semi-circular canals that are full of fluid. When you tilt your head the fluid moves and a message is sent to your brain to say that you have moved.

There are also two organs that measure head movements backwards, forward up and down. The inside surface of these organs are coated with some very fine particles, a bit like chalk dust. Sometimes these particles can become dislodged and ‘loat around’ in one of the three tubes. This is what happens in BPPV.

For example, if you have BPPV symptoms when you lie down, the fluid will move in one of the tubes to tell your brain that you have lain down. A few seconds later, the floating particles fall down to the lowest part of the tube. This causes the fluid to move again so that your brain thinks you are moving, and so you feel dizzy. As soon as the particles have stopped moving the dizziness stops.

Diagnosis

As the audiologist will have explained to you, BPPV is diagnosed by a technique which involves you having to lie down very quickly with your head turned to one side while they look at your eye movements. The fast movement causes the symptoms of BPPV if it is present. This technique is called the Dix-Hallpike Test.

The test is performed with your head turned to both sides to identify which ear is affected by BPPV. Looking at your eye movements allows the audiologist to determine which tube is affected and therefore which treatment is required.
Treatment

The way we treat BPPV is simply to move the problem causing particles out of the tube and back to where they are meant to be. Today, the audiologist has moved your head into different positions to try and move these tiny particles back into the correct part of your ear.

It is quite common to feel a bit light headed after this treatment, but this should only last for a couple of days. If you have any problems or your dizziness becomes worse please contact your audiologist via the contact details on the back of this booklet.

Brandt-Daroff Exercises

In some cases of BPPV, exercises can be given instead of or in addition to the head movements carried out by the healthcare professional. These exercises are known as Brandt-Daroff exercises. The clinician will have explained these exercises to you if they wish you to use them as part of your treatment.

These exercises do not provide an instant cure to your dizziness. Instead a more gradual improvement should be seen as the exercises are repeated over a number of days.

Note: Only carry out these exercises if you have been advised by your audiologist to do so.

To do these exercises you will need to start by sitting over the edge of a bed with enough room either side to lie down.

Details of how to do the exercises are on the next page.
1. While sitting upright turn your head halfway towards the side not affected by BPPV (your audiologist will have told you which side that is).

   Rapidly lie down on to the affected side (i.e. the opposite side to which you turned your head). You should end up looking towards the ceiling. Stay in this position until any sensation of dizziness stops. Sit up gently and look straight ahead. Wait in this position for about 30 seconds.

2. Turn your head halfway in the other direction (towards affected side).

   Lie down rapidly on the unaffected side (opposite side to last time). Again you should end up looking towards the ceiling. Stay in this position until dizziness stops.

3. Sit up again.

   These exercises should be performed two to three times a day, each time repeating the manoeuvre four times. Continue with them until you experience two consecutive vertigo-free days.
Follow-up appointments

The audiologist will arrange a follow-up appointment for you in the near future. This is to find out if your BPPV has resolved. They will ask about your remaining dizziness, if any, and will repeat the Dix-Hallpike test.

In many cases BPPV is resolved with one treatment; however, it is not uncommon for patients to require several treatments. The audiologist will discharge you if the problem has resolved, or arrange a further follow-up appointment if required.