Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Benign Paroxysmal Positional Vertigo (BPPV)

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Patient Information

ENT Department

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What is benign paroxysmal positional vertigo?

Benign paroxysmal positional vertigo (BPPV) is a common condition affecting the inner ear. It causes short lasting episodesof vertigo(spinning/dizziness) withcertain head movements.

One in five cases of dizziness is due to BPPV; this increases with age.

What does BPPV mean?

Benign - the cause is not serious

Paroxysmal - recurring sudden episodes of dizziness / spinning / vertigo

Positional - symptoms are triggered by certain movements, in this case movement of the head

Vertigo - a spinning sensationthat is short lasting, but can besevere enough to cause vomiting

What causes BPPV?

BPPV is caused when calcium carbonate crystals that line the inner ear break free.

This can happen with age,trauma, following infection or for no apparent reason. They can cause problems if they move into an area of the ear where they should not be. Theextra messages sent from the affected ear conflict with the normalmessages sent from the unaffected ear, whichthen confuses the brain and causes “vertigo”.

Associated problems

BPPV can occur on its own or happen at the same time as Labyrinthitis, Meniere’s and frequently vestibular migraine.

What are the symptoms of BPPV?

- Dizziness, vertigo, spinning.
- Nausea (vomiting).
- Light headedness.
- Imbalance.
- Headaches.
- Unsteadiness.

Symptoms are usually experienced with changesof head movement,turning over in bed, looking up, moving from sitting to lying or lying to sitting or quickly turning your head.

The vertigo/spinning usually lasts only a few seconds to a minute. It will generally go completely if you are still.

You may experience nausea following these episodes. Between episodes of BPPV you will feel well.

What is the treatment for BPPV?

In most cases the symptoms clear without treatment within several weeks. This is more likely to happen if you continue moving your head as normally as possible.

Medication will only settle any nausea; it cannot 'cure' the problem.

Sometimes symptoms fail to resolve or may return in the future, in thesecases a repositioning manoeuvre may help.

What are Brandt and Daroff exercises?

They are very useful repositioning exercises:

1. Using one small pillow on each side of the bed, lie onto yourleft side and wait for 30 seconds,even if you experience room spin.

2. Come back up into sitting and wait 30 seconds then lie on your right-side and wait another 30 seconds, even if there is room spin.

3. Repeat this whole cycle five times. Try to sit still for 10 minutes, as you will feel somewhat unsteady after this regime.

4. Aim to repeat this wholeroutine morning and night. By the final cycle you should see a reduction in the severity and duration of room spin.

5. Continue with this routine for two weeks. Approximately nine out of 10 patientswill see good reduction in their spinning vertigo within this time.

Self-Epley manoeuvre

We would generally only recommend a self-Epley manoeuvre to patients who have

been seenwithin clinic and who are familiar with this treatment. You will have been given advice on this treatment if it is appropriate for you.

You may need to continuewith a self-Epley manoeuvre if the Brandtand Daroff exercises have not improved your spinning, and you havebeen advised of the self-Epley manoeuvre.

What is the recurrence rate of BPPV?

There is approximately a one in five chance of BPPVreoccurring in a year.If this happens to you and thedizziness feels the same as previous episodes, we would recommend:

1. Watch and wait for one week, move around as normally as possible and the dizziness may settle naturally

2. Proceed through the Brandt and Daroff exerciseregime if you are still dizzy at the end of one week

3. If this fails to resolve thedizziness and you have beenshown a self-Epley manoeuvre, proceed with this if you are sure which ear is the affected side

4. Should symptoms persist beyond this outline, revisit your doctor.

Further information

Information about dizziness, balanceand hearing can be found on the following website:

www.dizziness-and-balance.com

Contact information

If you require further advice or information, please contact us on:

Telephone: ……



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