

I'm Dizzy: How Can a Primary Care Physician Help?



When a dizzy patient walks through their door, what is going through the mind of primary care physicians? First, they think about how to get a sense of what is causing the dizziness. They do this by listening to what the patient has to say. In addition, doctors watch for “red flags” that might indicate a medical emergency.

Primary care physicians will begin by asking the patient to describe their symptoms. One symptom is **light-headedness** (feeling faint or about to pass out). A light-headed patient may also feel hot or cold, sweat, be pale or have palpitations. The causes of light-headedness can be classified into four categories:

- **vasovagal** (simple faint);
- **cardiac** (heart related);
- **metabolic** (low blood sugar, anemia, infection, dehydration or drugs); and
- **brain** (stroke or seizures) – this is the least likely cause of light-headedness.

The second symptom is **vertigo** (a spinning sensation). It often gets much worse if the head is moved and may be continuous or intermittent. There are two types of vertigo, known as **central** and **peripheral**, depending on the cause.

Central vertigo originates in the brain. A patient with this symptom may be having a stroke and needs to get to an emergency department as soon as possible.

Peripheral vertigo has its source in the balance organs of the inner ear. It may be a symptom of:

- **BPPV** (benign paroxysmal positional vertigo);
- **Ménière's disease**;
- **vestibular neuritis** or **labyrinthitis**.

The doctor will also be on the lookout for **danger signs of a potentially serious problem**.

“Red flags” include fever, chest pain/heart racing or symptoms of a stroke. Stroke symptoms are treated as a medical emergency and include: headache; passing out; double vision; speech or swallowing problems; weakness in one arm or leg; and difficulty walking.

Other “red flag” signs the doctor will consider are:

- persistent vertigo (lasting more than a few minutes);

- history of stroke;
- risk factors for stroke, such as diabetes and high blood pressure; and
- older patient.

The doctor will do a **physical exam** – it may include checking the patient’s:

- vital signs (heart rate and blood pressure);
- gait;
- eyes - looking for involuntary eye movement (nystagmus);
- ears and hearing; and
- strength and reflexes.

Special tests, such as a head impulse test or Dix-Hallpike manoeuvre, may also be done.

Depending on the symptoms, the doctor may call for **more investigation**. This might include sending the patient for further tests such as:

- Blood (haemoglobin and blood sugar);
- CT (computerized tomography) scan of the head; or
- ECG (electrocardiogram).

Treatment prescribed by the doctor will depend on what is wrong and usually falls into one of three categories:

- **disease-specific management**, for example: for stroke – prevention; for Ménière's - medication; and for BPPV – rehabilitation exercises;
- **symptomatic treatment** to suppress the balance system, for example: antihistamines; benzodiazepines; or antiemetics (for nausea and vomiting); or
- **exercise** (vestibular rehabilitation therapy).

This is one in a series of **BC Balance & Dizziness** information sheets written and reviewed by vestibular and other specialists.

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