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Dizzy Signals: Getting Rid of Dizziness

Rule Out the Obvious



It hit Patty Ford out of the blue one day while she was at work. Ford, then 31 and a busy Washington, D.C., lawyer, felt a whirling sensation, as if she were on a merry-go-round. "I was suddenly very unsteady," she recalls. "I thought I might fall off my chair. It was scary -- I was afraid I was having a stroke."

The feeling didn't go away even when she lay down and closed her eyes. Her internist diagnosed an ear infection. When the treatment didn't work, he referred her to an ear, nose, and throat specialist (ENT), who in turn recommended a neurologist. "After he ran a couple of tests, that doctor strongly suggested it was psychosomatic," she

remembers.

Ford, now 45, didn't buy it: "I never had any doubt there was something physically wrong. I was unsteady on my feet. I felt unsafe driving. It was very frustrating and upsetting."

Dizziness is a common symptom and, often, a baffling one for both patients and doctors. In 2006 Americans made an estimated 7.8 million visits to doctors, emergency rooms, and hospital outpatient clinics because of dizziness. Women accounted for about 60 percent of those visits, but all of us, male and female, are more likely to feel dizzy as we get older. The causes can be as simple as standing up too quickly or using a new medication, but sometimes dizziness can signal a more serious disorder. We asked the experts what to do if your world suddenly tilts off kilter.

Occasional dizziness strikes almost all of us at some point and it's usually not a big deal. "Everyone can get it, particularly if your blood pressure is on the low side," says Robert Baloh, MD, director of the Neuro-Otology Program at the Ronald Reagan UCLA Medical Center. "When you jump up after sitting for a long time, your heart has to pump a lot of blood uphill. There can be a momentary decrease in blood flow to your brain as a result."

If you're dizzy and are sick with a cold or the flu, your illness is the most likely explanation. If not, consider, for starters, what you've eaten -- or haven't -- that day. "People have two doughnuts for breakfast, drink a cup of coffee and can't understand why they're light-headed afterward," says Richard Gans, PhD, executive director of the American Institute of Balance, in Largo, Florida. "It's because their blood sugar levels are crashing after the sudden spike." Think about your fluid intake as well: If you're dehydrated, your blood pressure can fall, which may leave you dazed.

Taking a new medication is a common culprit, too. Dizziness is the first- or second-listed side effect for many drugs. "We ask patients when the dizziness started and often it turns out to be after they changed prescriptions or began taking an over-the-counter drug, or even a supplement," says Dr. Gans. "They just didn't put the two together." Even a change in eyeglass prescription can throw you off balance.

Call Your Doctor

If unexplained dizziness lasts longer than a few minutes or recurs regularly over the course of a few hours or days, you should get in touch with your doctor, says David Zee, MD, a neurology professor who runs the Vestibular/Eye Movement Testing Laboratory at the Johns Hopkins University School of Medicine. Though

unlikely, there's a small chance you're having heart trouble, a stroke, or a transient ischemic attack (a kind of mini-stroke).

Dizziness can also be an early symptom of underlying illness. Thyroid disorders, multiple sclerosis, diabetes, hypertension, anemia, panic attacks, and even depression are just a few of the conditions that can trigger dizziness. Migraines may cause it too, even if you don't actually have a headache.

Dizziness sometimes signals problems with the body's vestibular, or inner-ear, system, which controls balance and can affect your vision as well. Vestibular problems may occur after a brain injury, be caused by a virus, or simply come on as you get older.

The first place to start is with your family doctor, who can usually diagnose the less-serious causes of dizziness. "Primary-care doctors see a lot of dizziness and are able to treat most of it pretty well," Dr. Zee says. A 1993 study in the *Archives of Family Medicine* found that about 75 percent of those who saw a doctor for dizziness were symptom-free in three months, either from treatment or because the dizziness cleared up on its own.

To help your doctor, be specific when you're describing your symptoms. "People use the term 'dizzy' to mean all kinds of things," says Dr. Zee. "For some it's feeling like they might faint. For others it's feeling off balance, or feeling a spinning sensation. Some people even say they feel dizzy when they're anxious, afraid, or upset."

Consider a Specialist

In some cases your general practitioner may not be able to figure out what's wrong. Don't give up. "Chronic dizziness can be at least as bad as chronic pain in terms of what it does to people physically and psychologically," says Philip Sloane, MD, a family and geriatric medicine practitioner at the University of North Carolina at Chapel Hill who has done clinical work and research on dizziness. "It can be extremely fatiguing and frustrating -- like trying to work in your office when there's a guy with a jackhammer upstairs."

Be persistent about getting help, says Helen Cohen, EdD, associate director of the Center for Balance Disorders at the Baylor College of Medicine. "If the treatment plan your doctor gave you hasn't worked after a couple of weeks, call back and ask, 'How long should I wait?'" she says. "If you feel like your doctor isn't helping, ask for a referral." You can also contact the nearest teaching hospital to find out if there's a dizziness or balance disorders center there.

Educate Yourself

Be aware that some specialists might not be up-to-date on diagnostic tests for dizziness. And most doctors don't have the sophisticated equipment -- infrared goggles, revolving chairs, electrode tests, and more -- that dizziness specialists like Dr. Cohen use to help identify specific disorders. "I've had people tell me they've been to five, six, seven physicians before they were referred to me," she says.

Doctors sometimes aren't aware of treatment options for the chronically dizzy, either. For example, there's a technique that effectively cures one of the most common causes of dizziness, benign paroxysmal positional vertigo (BPPV), in up to 95 percent of patients. The procedure, known as canalith repositioning, is a simple hands-on maneuver that's been around for nearly 30 years. Yet a study published in 2007 in the *Journal of Neurology, Neurosurgery & Psychiatry* found that only 8 percent of BPPV patients wound up getting effective treatment.

There isn't always such an easy answer to chronic dizziness, unfortunately. Patty Ford, the Washington lawyer, consulted more than a dozen doctors, including a cardiologist, an ophthalmologist, and a second ENT, who recommended inner-ear surgery. Not only was the procedure painful but it also didn't clear up her dizziness. It

was a year before she found her way to Dr. Zee at Johns Hopkins, who diagnosed a rare disorder: *mal de débarquement* syndrome, a French term basically meaning you're stuck feeling as if you just stepped off a boat. It usually subsides on its own, though in some patients it can persist. Ford takes low doses of two medications (clonazepam and fluvoxamine) to keep her dizziness under control. She still feels some rocking sensation, she says, and gets tired easily. But she believes she has long since left the bad times behind. "This is my new normal now," she says.

As Ford discovered, dealing with chronic dizziness doesn't necessarily mean eliminating it completely, but there's almost always something that will improve it. And when dizziness is due to a damaged vestibular system, there's a type of therapy -- vestibular rehabilitation -- that can help the brain relearn how to keep the body in balance. Using the same principles that allow ice-skaters to eventually execute beautiful spins without becoming dizzy, vestibular rehab exercises can make symptoms largely disappear.

Don't Give Up

While there are often limitations to how well dizziness is diagnosed and treated, it can really pay to pursue your options. When Rebecca Meritt, 60, a Houston oil-refinery worker, fell off a ladder two and a half years ago and hit her head, she woke up with vertigo. The neurologist who saw Meritt before she left the hospital was noncommittal. "He said, 'Maybe you'll get better, maybe you won't. We just don't know,'" Meritt recalls. "When this is the head of neurosurgery at a big state hospital telling you he doesn't know, well, it makes you go home and cry."

Meritt's dizziness dragged on for months. "I couldn't vacuum, tie my shoes, or put on clothes without getting nauseous," she says. "At the grocery store, when I looked up at the top shelf or bent down to the bottom one I'd stumble and start to fall, so I could only buy things on the middle shelf."

Finally, through a nurse assigned to her by her employer, Meritt was referred to Dr. Cohen, who treated her for BPPV, performing the canalith repositioning procedure. After just three treatments she felt back to normal. "I went to the grocery store to test whether it was just my imagination and walked down the aisle looking at the top shelf," she says. Sure enough, no stumbling, no dizziness. "It was like being a kid again and you've gotten a birthday present," she says. Only better: Meritt had her life back.

For More Information

- Vestibular Disorders Association (800-837-8428 or vestibular.org)
- American Academy of Otolaryngology-Head and Neck Surgery (703-836-4444, entnet.org): referrals to otologists and neurotologists who can treat balance disorders
- Dizzytimes.com: online dizziness support group