

Dizziness

What is dizziness?

Dizziness is a term often used to describe different symptoms. It can be a feeling of being unsteady or woozy. It also can be a feeling of spinning. Vertigo is the term health care providers use for when you feel you are spinning or the room is spinning. It is important for you to explain to your provider what you mean by dizziness.

How does it occur?

Dizziness is not a disease. It is a symptom. Most often it is mild and temporary and a cause cannot be found. Sometimes it is a signal of some other problem.

Feelings of dizziness or vertigo may be caused by an infection or disease in the inner ear. For example, one possible cause is labyrinthitis, which is inflammation of the inner ear. Meniere's disease and benign positional vertigo are other inner ear problems that can trigger dizziness.

Dizziness can be caused by tiredness, stress, fever, low blood sugar, anemia, head injury, heart or circulation problems, or stroke. It can also be caused by some medicines.

Older people who have atherosclerosis (hardening of the arteries) or osteoarthritis of the joints in the neck (which may cause pressure on nerves and blood vessels) may experience vertigo when they suddenly move their heads or look up. Dizziness occurs more often in the elderly than in other age groups but it is not necessarily caused by disease.

Some psychological problems can cause dizziness. Examples of such problems are depression, agoraphobia (the fear of open spaces), and hyperventilation (rapid, shallow breathing that may happen when you are feeling anxious).

Rare causes of dizziness include tumors or infections in the brain, or multiple sclerosis.

How is it diagnosed?

Your health care provider will ask you to describe your dizziness and how it occurs in as much detail as you can. He or she will want to know about any other symptoms or medical problems you are having. Your provider may try to make you feel dizzy by asking you to repeat actions or movements that cause your dizziness.

If disease is the suspected cause, your health care provider will examine your ears, eyes, and nervous system. You may have a CT scan (computerized x-rays) of the brain to look for evidence of some possible problems, such as tumors or strokes.

How is it treated?

The treatment will depend on the cause of your dizziness. Your health care provider will want to treat the underlying cause. For example, if you have Meniere's disease, your provider may recommend a low-salt diet. Your provider may prescribe antibiotics if he or she suspects you have an infection.

If no cause can be found for your dizziness, your health care provider may prescribe medicine for the balance mechanism in your inner ear. These drugs are usually antihistamines, for example, drugs you might take for motion sickness, such as meclizine.

For mild dizziness that lasts for more than a few days, your health care provider may suggest that you walk as much as possible to allow your body and other senses to compensate for the loss of balance in your inner ear.

How long will the dizziness last?

Depending on the cause, mild dizziness usually lasts 1 to 2 weeks. It may also be momentary. More severe dizziness can last 4 to 6 weeks.

How can I take care of myself?

For mild dizziness, the best thing for you to do is lie down, relax, and wait for the dizziness to go away. Also try to avoid those positions or activities that cause the dizziness. Move slowly, especially when standing up.

If you become dizzy while you are driving, pull over to the side of the road until the dizziness goes away. Do not operate machinery when you are dizzy.

Call your health care provider if:

- You are following the recommended treatment but are continuing to have severe, prolonged, or repeated attacks of dizziness.
- You have symptoms along with dizziness, such as loss of hearing. If your other symptoms are double vision, blindness, or numbness or weakness on one side of your face or body, call your provider right away.

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