

## **Dizziness and Vertigo: Outpatient Care Protocol**

### **1. Differential diagnosis J1,B1**

#### **1.1 Physician should rule out other causes / conditions which are responsible for vertigo:**

- Labyrinthitis - Viral labyrinthitis may have other symptoms of a viral infection such as a sore throat, flu symptoms, or a cold. Typical vertiginous episodes lasts for days and auditory symptoms are present.
- Vestibular Neuritis – Typical vertiginous episodes lasts for days. Auditory symptoms are absent.
- Benign paroxysmal positional vertigo (BPPV) - Sudden episodes of vertigo that last just a few seconds or minutes. Each episode typically occurs when the patient moves the head in a certain way such as turning in bed or getting up from bed in morning.
- Ménière's disease - episodes of vertigo, hearing loss, and tinnitus. Each episode can last from 20 minutes to several hours. Permanent hearing loss and tinnitus may eventually develop.
- Migraine - Each episode of vertigo due to migraine can last from several hours to several days. Auditory symptoms are absent.
- Acoustic neuroma – H/o progressive hearing loss is positive. Typical vertiginous episodes can last for months. An audiogram and CT is confirmatory.
- Uncommon causes like stroke or multiple sclerosis. Typical vertiginous episodes can last for months. Auditory symptoms are absent.
- Perilymphatic fistula – duration of typical vertiginous episodes lasts for seconds. Auditory symptoms are present.
- Cervical vertigo – Vertigo episodes lasts for seconds and auditory symptoms are absent. There may be complaints of neck pain. A cervical X ray is confirmatory.
- Temporal lobe seizures arising from trauma, tumors, or prior strokes can, as one of their manifestations, produce vertigo.

#### **1.2 Physician should rule out other causes / conditions which are responsible for dizziness like symptoms:**

- Orthostatic hypotension- a major drop in systolic BP can occur after standing or sitting up too quickly and leads to presyncope.
- Anaemia – Visible from skin and mucus membrane pallor
- Arrhythmias and other heart problems such as atherosclerosis, cardiomyopathy leads to presyncope.
- Anxiety – Panic attacks leads to feeling of light-headedness.

- Hyperventilation – This also leads to a feeling of light headedness.
- Medication - Anticonvulsants, sedatives and some sleeping pills leads to disequilibrium.
- Peripheral neuropathy – this can lead to disequilibrium.