# Vertigo in the ED

# 1. Peripheral or Central?

Peripheral Vertigo: is annoying but normally benign Central Vertigo: can herald devastating problems

Indicators of Peripheral and Central vertigo				
Indicator	Peripheral	Central		
Onset	Sudden	Insidious		
Course	Paroxysmal	Continuous		
Intensity	Maximum initial	Mild		
Duration	Min-Hrs	Days-Weeks		
Vertical Nystagmus	No	Yes		
Affect of Movement	Significant	Mild-None		
Tinnitus/Deafness	Common	Rare		
Other Neurology	Absent	Present		
Walking	Able	Falls, V. unstable		
HINTS Exam	All Peripheral	Any Central		

# 2. Causes

Causes of vertigo				
	Duration	Auditory	Central/Periph.	
BPPV	Seconds	No	Peripheral	
Vest. Neuritis	Days	No	Peripheral	
Meniere's	Hours	Yes	Peripheral	
Perilymphatic fistula	Seconds	Yes	Peripheral	
Labyrinthitis	Days	Yes	Peripheral	
Acoustic neuroma	Months	Yes	Peripheral	
TIA	<24hr	No	Central	
Stroke	Days	No	Central	
Migraine (Vest.)	Hours	No	Central	

#### 3. Treatment

#### **Symptoms**

Prochloperazine tablets 5-10 mg or buccal 3mg tds Prochloperazine injection 12.5 mg im betahistine 16mg tds (most effective in Meniere's)

#### **Habituation**

Identified dizziness-provoking movements Repeat them: five times in a row and twice a day Helps to achieve vestibular compensation.

# **HINTS Exam**

3 parts to the exam - video at http://emcrit.org/misc/posterior-stroke-video/

### Head impulse test

Rapid passive rotation of head while patient fixes on your nose

- Fixes on nose (central/normal)
- Eyes Correct (periph)

# Nystagmus

- Bilat/Vertical (central)
- Horiz. Unilat (periph)

#### **Test of Skew**

Repeated cover test of eyes while fixed on nose.

- Eyes move (central)
- Eyes steady (periph)

#### Result

Any central features would indicate a central vertigo

#### Caution!!

Only valid if patient dizzy at time. As head impulse test will be normal/central if not dizzy.

#### **Accuracy**

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Any central features, is more sensitive than MRI. Sensitivity 96-100% Specificity 85-98%

# 4. F/U or Admission

**Peripheral:** Most can be F/U by GP or ENT clinic.

**Central:** Admission +/- imaging. D/W radiology MRI best but CTA may be appropriate.