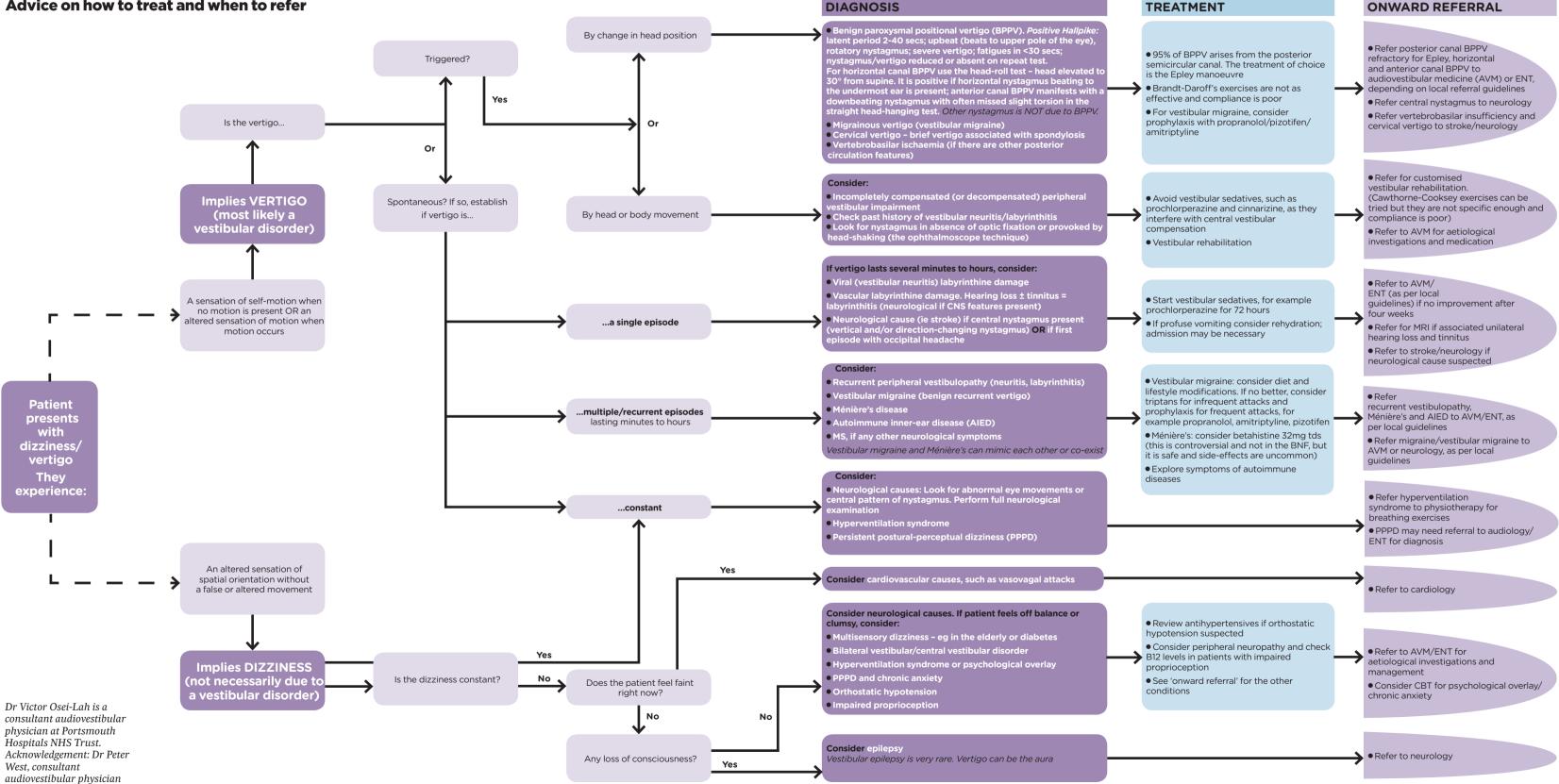
## **Assessing the dizzy patient**

## Advice on how to treat and when to refer



• The commonest cause of vertigo is a

The distinction between vertigo and

Central nystagmus is one or more of:

dizziness presented here is not absolute

disorder of the vestibular system

## Explanatory notes, treatment options and suggestions for onward referral

bidirectional (changes direction with direction of gaze); vertical (usually downbeat - a cerebellar sign): persisting in the absence of vertigo; does not enhance on removing optic fixation (use

- ophthalmoscope): persistent, vertical or asymptomatic nystagmus on Hallpike test • Do a Dix-Hallpike in all dizziness cases
- it may reveal serious central pathology
- Refer vertigo/dizziness associated with

otalgia/otorrhoea to ENT without delay • Imbalance is often mislabelled dizziness - exclude orthostatic hypotension and impaired proprioception, especially in elderly