

Benign Paroxysmal Positional Vertigo (BPPV)

Information and advice for patients

Audiology

What is Benign Paroxysmal Positional Vertigo (BPPV)?

BPPV is a disorder of the inner ear that causes short, intense spells of dizziness.

- Benign = Not dangerous
- Paroxysmal = The condition comes and goes
- Positional = Provoked by moving into certain positions
- Vertigo = Dizziness

What are the symptoms of BPPV?

The symptom of BPPV is dizzy spells that last between 5 – 30 seconds. They can be provoked by movements such as lying back or rolling over in bed, looking up or bending forwards.

What causes BPPV?

BPPV is caused by crystal-like particles (otoconia) floating in the fluid of the balance organ. The crystals are meant to be in the balance organ but should be stuck down in a jelly-like substance. In cases of BPPV the crystals have come away from the jelly and are floating in the fluid or become stuck to a sensitive part of the balance organ. Moving your head into certain positions causes the crystals to move and so causes short spells of dizziness.

BPPV is a very common cause of dizziness in the elderly. Younger people may also get BPPV after a head injury or other ear problem such as an infection. Sometimes BPPV can occur with no apparent reason.

How is BPPV diagnosed?

BPPV is usually diagnosed by performing a Dix-Hallpike test. This involves your eye movements being observed whilst you are lying in particular positions.

For this test your clinician will ask you to lie back quickly on the couch so that your head extends over the end. They will support your head and will ask you to stay in this position for 30 seconds to 1 minute. You will be asked to wear a set of goggles that contain a video-camera so that your eye movements can be recorded. The test is usually repeated twice – once with your head turned to the left and once to the right.

If you have back or neck problems alternative positions to the Dix-Hallpike test may be considered.

How is BPPV treated?

In most cases of BPPV symptoms disappear by themselves within a couple of months without needing any treatment.

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Sometimes your specialist may advise you to have an Epley manoeuvre to treat your BPPV. This involves lying back on a couch and your specialist moving your head in a certain way.

What are the benefits of an Epley manoeuvre?

The benefit of an Epley manoeuvre is that it can help the loose crystals to float into a part of the balance organ where they no longer cause a problem. This may resolve your problem more quickly than waiting for it to disappear by itself. The symptoms of BPPV disappear in more than 65 out of 100 people after just one Epley manoeuvre.

What are the risks of an Epley manoeuvre?

You may feel sick or vomit during the manoeuvre due to dizziness or not being able to tolerate the positions of the test because of neck or back problems.

There is a risk that the symptoms will not resolve completely after one manoeuvre and the manoeuvre may need to be repeated. There is also a risk that the symptoms may return at a later date and a further manoeuvre is required. There is no good evidence on the long-term effectiveness of the Epley manoeuvre or how likely it is that your symptoms will return.

What are the risks of not having an Epley manoeuvre?

The risk of not having an Epley manoeuvre is that your dizziness will resolve less quickly so you may experience the unpleasantness of regular dizziness for longer, putting you at risk of falls or other injuries that may occur during a dizzy episode. However BPPV may resolve by itself without any treatment.

Are there any alternatives to an Epley manoeuvre to treat BPPV?

There are alternative manoeuvres that involve lying in different positions to those used in the Epley manoeuvre. Your specialist may recommend these alternatives if you have problems with your neck or back that mean you cannot easily perform an Epley manoeuvre.

Contact details

If you have any questions or feel that your symptoms have persisted or returned please contact:

Audiological Scientist, Hearing Services Centre

0121 507 4875

Monday – Friday 8.30am -5.30pm

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Further information

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, or follow us on Twitter @SWBHnhs and Facebook www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

- NHS Evidence Clinical Knowledge Summaries, 'Benign Paroxysmal Positional Vertigo', February 2011
- Cochrane Database of Systematic Reviews, 'The Epley (canalith repositioning) manoeuvre for benign paroxysmal positional vertigo', 2004
- Froehling et al, 'The canalith repositioning procedure for the treatment of benign paroxysmal positional vertigo: a randomized controlled trial', 2000

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5420 or email: swb-tr.swbh-gm-patient-information@nhs.net



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