

Benign Paroxysmal Positional Vertigo (BPPV)



What is BPPV?

Benign Paroxysmal Positional Vertigo (BPPV) causes dizziness due to debris/particles which collect within part of the inner ear.

These particles may collect following head injury, infection or degeneration of the inner ear. Quite often though, no particular cause is identified.

What are the symptoms?

BPPV is characterised by vertigo (spinning sensation), typically on turning over in bed to one side. It also may occur on getting out of bed or looking up. The vertigo lasts for seconds/minutes only but there may be many of these short lived attacks through the day or night.

Positional vertigo is not always due to BPPV. Having a weakness of the balance system due to another cause often leads to unsteadiness and imbalance on moving the head quickly, such as turning around without having the eyes fixed on a target – this is not to be confused with BPPV. Depending on the cause, these symptoms may be helped by vestibular rehabilitation exercises.

How is it diagnosed?

BPPV should be diagnosed with the Hallpike test. This involves sitting on a couch with your head turned to the side to be tested by 45 degrees. You are then moved rapidly from sitting to lying on your back with your head hanging slightly over the end of the couch, supported by the examiner. You are asked to keep your eyes open so the examiner can watch your eye movements to make the diagnosis.

How is it treated?

Treatment aims to reposition the particles in an area of your inner ear where they do not stimulate the balance organ during head movement. This can be achieved by a number of different manoeuvres. Your doctor will probably use the Epley manoeuvre as it is the most effective. Further information regarding the Epley manoeuvre is readily available by searching the internet.

Can I treat it myself?

You can treat BPPV yourself by carrying out these manoeuvres at home. If you can identify whether your dizziness comes on turning your head to the left or to the right, then try the Semont manoeuvre detailed below. BPPV can recur after treatment – studies suggest that 30% of people will have a recurrence in 2 years.

When first performing these manoeuvres we suggest that you have a friend/family member present as the manoeuvre will make you dizzy.

The Semont manoeuvre

1. Sit on the side of your bed.
2. Lie down on your side, to the side that brings on dizziness, with your head turned 45 degrees to your shoulder looking towards the ceiling. Stay on your side for 4 minutes.
3. Then move, promptly, to sitting up then to lying down on the other side, keeping your head turned to the same shoulder as before (but now you will be looking to the floor).
4. Stay on your side for 4 minutes again.
5. Then sit up for a minute. The manoeuvre is finished!

What can I expect afterwards?

During the Hallpike test and Epley or Semont manoeuvres, you may experience vertigo that passes quickly. After Epley or Semont manoeuvres, it is common to feel 'muzzy headed' and imbalanced for up to a week. We suggest you avoid driving if affected in this way. The BPPV symptoms, however, should have resolved. Sometimes some vague imbalance continues for up to a month while the brain compensates. You should remain active. Vestibular rehabilitation exercises may help these symptoms resolve more quickly.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

