

DIZZINESS AND VERTIGO

Dizziness is an imprecise term people often use to describe various related sensations, including

- Faintness (feeling about to pass out)
- Light-headedness
- Feeling off-balance or unsteady
- A vague spaced-out or swimming-headed feeling

For dizziness that occurs only on standing, see page 87.

Vertigo is

- A false sensation of movement

With vertigo, people usually feel that they, their environment, or both are spinning. The feeling is similar to that produced by the child-like game of spinning around and round, then suddenly stopping and feeling the surroundings spin. Occasionally, people simply feel pulled to one side. Vertigo is not a diagnosis—it is a description of a sensation.

People with dizziness or vertigo may also have nausea and vomiting, difficulty with balance, and/or unstable walking. Some people have a rhythmic, jerking movement of the eyes (nystagmus) during an episode of vertigo.

Different people often use the terms “dizziness” and “vertigo” differently, perhaps because their sensations are hard to describe in words. Many people may describe their sensations differently at different times. For example, the same person might feel like light-headedness one time and like vertigo the next. Because of this inconsistency, many doctors prefer to consider these symptoms together.

When they are described, dizziness and vertigo can be disturbing and even incapacitating, particularly when accompanied by nausea and vomiting. Symptoms cause particular problems for people doing an exciting or dangerous activity, such as driving, flying, or operating heavy machinery.

Dizziness accounts for about 3 to 6% of doctor visits. It may occur at any age but becomes more common as people age. It affects about 10% of people older than 60 or some time

Dizziness may be temporary or chronic. Dizziness is considered chronic if it lasts more than a month. Chronic dizziness is more common among older people.

CAUSES

Dizziness and vertigo are usually caused by disorders of the parts of the ear and brain that are involved in maintaining balance.

- Inner ear
- Brain stem and cerebellum
- Nerve tracts connecting the brain stem and cerebellum or within the brain stem

The inner ear contains structures (the semi-circular canals, saccule, and utricle) that enable the body to sense position and motion. Information from these structures is sent to the brain through the vestibulocochlear nerve (8th cranial nerve), which is also involved in hearing. This information is processed in the brain stem, which adjusts posture, and the cerebellum, which coordinates movements, to provide a sense of balance. A disorder in any of these structures can cause dizziness, vertigo, or both. Disorders of the inner ear sometimes also cause decreased hearing and/or ringing in the ear (tinnitus)—see Ear, Ringing or Buzzing in an Ear, page 98.

Also, any disorder that affects brain function in general (for example, low blood sugar, low blood pressure, severe anemia, or some drugs) can make people feel dizzy. Although symptoms may be disturbing and even incapacitating, only about 5% of cases result from a serious disorder.

COMMON CAUSES

Although there is some overlap, causes can roughly be divided into those with and without vertigo.

The most common causes of dizziness with vertigo include the following:

- Benign paroxysmal positional vertigo
- Ménière disease
- Vestibular neuronitis

DIET

As soon as children have received fluids and are not vomiting, begin an age-appropriate diet. Start with breast milk or formula.

In children with chronic vomiting, treatment depends on the cause, but maintaining adequate nutrition for possible vitamin or mineral deficiencies is most important.

KEY POINTS

- Dizziness is a common symptom.
- Gastroenteritis, usually the most common cause, is the main concern if children should be hospitalized if they have any warning signs of dehydration (no tears, pain, fever, or blood in stool).
- Testing is rarely necessary, but less than 1 week.
- Dehydration is likely if the child has vomited for more than 24 hours or has a long time between voids.
- Giving fluids to maintain hydration is usually sufficient.
- Drugs for nausea, such as ondansetron, and fluids, such as oral rehydration solutions, are helpful.

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