

Oliver BPPV

P: Hi there.

D: Morning Oliver.

P: How are you?

D: Yes I'm fine thank you. So what can I help you with?

P: It's my vertigo.

D: Oh dear.

P: Just a little bit dodgy when I'm walking.

D: Oh dear, and when did that set off?

P: Yesterday, when I got up out of bed. I started to feel proper unsteady on my feet.

D: Right, so it's when you're moving, that you feel off balance?

P: Yeah when I'm sitting or I'm still I'm fine.

D: Ok, so your balance and your dizziness is bothering you. Apart from that is there anything else you were hoping to get from today?

P: No, I'm fine.

D: So your general health is ok?

P: Yeah, good,

D: And your mood has been ok recently?

P: Yeah fine.

D: Good. So how is life otherwise?

P: Mint.

D: Good. So how do you find this is affecting you?

P: When I'm walking, if I'm walking towards you, my body feels like it's walking the other way and I feel off balance.

D: Is this the first time this has happened?

P: No, it happened a canny few years ago, but it just comes on out of nowhere.

D: Ok, and does anything else happen with it? Any other symptoms?

P: No, nothing.

D: Any idea what might be causing it?

P: No, I haven't a clue.

D: But you've been quite well in yourself. No change in your hearing?

P: No.

D: And no buzzing in your ears, or discharge from them?

P: No, the last time it happened, someone looked in my ears and said it was the canal inside. They said it's like a whirlpool and something inside isn't releasing something properly. I can't remember it all.

D: Ok, well I'll have a look in that ear to try and find out what's going on. Ok, so just to get a better idea of what the problem is: I'm going to ask a few other questions to rule out some possible causes of your symptoms. Have you had a fever at all?

P: No.

D: And this hasn't made you fall over has it?

P: No but the last time I did. I fell into a cupboard.

D: Oh dear. And what was it the last time that made you get better?

P: I got some tablets and it went away within a few days.

D: What did the doctors say it was?

P: Vertigo.

D: Okay, but they didn't give a name for it or a reason?

P: No.

D: Ok, and what were you thinking I would do for you today?

P: Have a look in my ears, and give me something for it.

D: Ok, so you're after some medication. Ok, and work-wise what are you doing these days?

P: I'm looking after our Neil, I'm his main carer

D: Oh that's right. And how is he?

P: Yeah, he's fine.

D: Ok and is it just the two of you in the house?

P: No my Mum and Dad as well

D: Ok and are you a smoker?

P: Yes.

D: Ok I'm sure we have talked about this before, and maybe we can discuss it further another time if you would like to.

P: I've cut down a lot. I would like to stop though.

D: Ok. Would you like our help with that?

P: Yeah, that would be helpful.

D: Ok would you be interested in coming to see my smoking nurse? I'm not sure if you have seen her before?

P: No, I don't think I have. But I need to make an appointment for a blood test as well, for my cholesterol.

D: Ok, well you can do both of those things together, and get a full health check for your blood pressure and everything. And it might actually be useful for me to check your blood pressure today, as it might be relevant to your balance and vertigo. Can I just check, do you get dizzy when you stand up?

P: I can sometimes.

D: So it can happen. And have you even fainted?

P: No.

D: And you don't have any breathlessness or chest pain?

P: No.

D: Ok so you find that when you stand up you are lurching from side to side?

P: Yes

D: And the last time you were in with this problem, did we lie you down on the couch and make you dizzy?

P: No.

D: And you find that you're not dizzy when you're not moving around?

P: Yes, but I do get pains in my ears sometimes.

D: And do you think the two things are linked?

P: I don't know.

D: Do you feel congested at all? Any symptoms of a cold?

P: No, not at the minute.

D: And you haven't travelled recently?

P: No.

D: And we haven't changed your medication have we? You are still taking paroxetine and that seems to working well for you?

P: Yeah.

D: And you aren't taking ibuprofen or aspirin with it?

P: No.

D: And have you ever had any episodes of black poo or upper abdominal pain?

P: No.

D: Ok. Good. And how long have you been your brother's carer for now?

P: I don't know. Can't remember.

D: Is he wheelchair bound at the moment?

P: Yeah, he can't walk at all.

D: Ok, so he needs your support for quite a lot of things then. And have we done a carers health review with you at any stage?

P: No, what's that?

D: So it's when we go over your physical and emotional needs, because often people who are carers forget how much of an imposition it is, to care for someone else and they basically forget to keep their own needs in check. So my nursing team would be very happy to help you with that if you thought it might be useful. On the same thread: have you been in touch with the carers centre in Sunderland?

P: No.

D: Because sometimes they can be quite helpful for giving you support, making sure you're getting the right benefits, and giving you opportunities for things like respite care. So have a think about whether that's something you would be interested in.

Ok, so I'm going to start by having a look in your ears and in your throat, and also check your hearing is ok. Your ears look healthy inside, and you can close your mouth. And I will have a look in your nose, to check there isn't any congestion or polyps. Can you tell me what I'm saying when I whisper in your ear.

P: 21. 98.

D: Ok, so your hearing is very good. Ok, I'll just check your blood pressure to make sure that's in a normal kind of range.....So that's fine when you're sitting down....and when you're standing it doesn't drop at all which is good. So, now if you can stand up straight, close your eyes and put your hands out in front of you. Now I won't let you fall over, but if you can just stand straight and try and figure out where you are in space. Ok, fine. So, if you open your eyes now, and walk in a straight line, heel to toe, heel to toe, as if you were walking on a tightrope. Ok, that's great. And now if you can just sit up on the couch and I'm going to try and make you dizzy. This may actually be a treatment for this sort of dizziness. I want you to bring your legs up so that you can swing them easily over the bed to sit up. This is a test called the Hallpike test and checks whether you are dizzy with certain head movements. You already mentioned that certain head movements bring the dizziness on. Usually when you get this dizziness how long does it last?

P: Just until I lie down, then it goes away.

D: Is there a particular direction you turn your head that makes it start?

P: When I turn this way.

D: So it's when you turn your head to the right. In that case I'm going to turn your head towards me (to the right), and then lie you back down onto the bed and that will probably make you feel quite dizzy. Lie back now onto the pillow and I'm going to put your head a bit below the bed. And now look at my finger. That should make you feel quite dizzy.

P: Yeah it is.

D: Yes, I can see your eyes flickering a bit there. That is the typical response with a balance problem like this. I am certain you have a condition called benign positional vertigo. So I'm now going to do a treatment on you that may even cure this without tablets. So, you have crystals inside your ears, balance organs which when they move can make you feel like your moving, even if you are still. So, I'm going to try and get them out. This is called the Epley manoeuvre. Benign positional vertigo is a harmless condition where the crystals are in the wrong place, and I'm just going to try and empty them out.

So now can turn your head towards my finger. YouTube has a great video, showing you how to do this manoeuvre yourself. Now that is the second part of the manoeuvre done. Do you feel any dizziness with that?

P: No

D: Ok, I'm going to keep you in that position for about 30 seconds. Now I would like you to turn your whole body to face that wall and now look at my finger, which is in the direction of that wall opposite you. Keep in that position for 30 seconds if you will. Okay, the next part, if you sit up, keep your legs flat on the bed but look to the wall on your left. Is that making you feel dizzy?

P: Yes.

D: So let me know when that dizziness is starting to improve. Is it getting any better now?

P: No it's still going.

D: Ok we will have to be a bit more patient. Is it any better now?

P: Yeah, a bit now.

D: So that's the fourth position of the Epley manoeuvre. Is it settled completely?

P: Yeah, mostly now.

D: So if you can look straight down in front of you, into your lap, this is the last part. I'm going to keep your looking down for about 30 seconds. Feeling comfortable? It might be a bit uncomfortable when you first stand up having done that, but when you're ready if you just come and have a sit at my desk and we will have a chat about it. Do you drive?

P: Yes.

D: Well, there's no reason why you can't drive with this condition, and I think you will actually feel a lot better having done that treatment there. But if you are driving and you feel this vertigo dizziness, I just want you to put your head just where you were looking before it came on and it should settle quite quickly. It's very unlikely though that it will happen while you are driving. The main issue is head movements not eye movements, so if you look somewhere with your eyes, that is a safe move. You might find yourself a bit unbalanced at first after this when you leave, but actually 70% of people find that this has significantly improved, if not cured, their condition and they can get away without tablets at all. So you're going to tell Neil about this when you get home? And what will you tell him about what the problem is?

P: That it's a problem with the crystals inside my ear.

D: Exactly. It's a condition called benign positional vertigo. Would you be keen to read some more about this?

P: Yeah, I would do.

D: Ok, so if you look into patient.info and look up this condition, it will tell you a bit more about it. It usually causes vertigo that lasts less than a minute. We don't really know why, sometimes it's related to viral infections and colds. It is possible that it will come back again, and if that is the case I'm more than happy for you to come in and do that manoeuvre for you again. Or if the manoeuvre is not working particularly well, we can give you some tablets that will sedate your balance organs. If you're getting a change in your hearing, a buzzing in your ear, or persistent vertigo, these signs suggest that there's a different cause for your vertigo and we will need to look again for the underlying problem. So like I say I'm happy to see you again if you need, but you could also try to learn to do the Epley Manoeuvre for yourself on YouTube. Does that sound ok? Do you have any questions?

P: No, that's fine to me.

D: But no reason why you can't drive with this condition. Ok, nice to see you again. Bye for now.