

BalanceMD Bulletin

Your guide to the latest developments in vestibular medicine and hearing health

Clinic News

The BalanceMD clinical team recently attended the 37th Annual Neuro-Audiology Seminar in Savannah, Georgia: *Updates on Vestibular Diagnostics and Management*. Continuing education opportunities like this support our commitment to provide patients with the most updated diagnostic and treatment options all in one practice location.



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“3PD” - A New Name for a Common and Under-recognized Cause of Dizziness

Very few physicians have ever heard of “3PD”, which stands for Persistent Postural-Perceptual Dizziness. 3PD is a new name for conditions formerly known as phobic postural vertigo and chronic subjective dizziness. As the features, diagnostic criteria and treatment options of 3PD have been refined over the years, 3PD will appear for the first time in the ICD-11, being released in 2017. So, *if you have never heard of 3PD, this article offers the opportunity to be on the leading edge of being able to recognize this condition in your patients.*

What is 3PD? 3PD is a non-vertiginous, waxing-waning dizziness and/or unsteadiness, persisting for at least 3 months, with symptoms present at least 15 days per month, but typically daily. 3PD often follows a separate triggering event (vestibular neuritis, vestibular migraine, head injury) that caused dizziness, vertigo or unsteadiness. With the anxiety or worry over an underlying sinister cause of these symptoms or with the anticipation of having another vestibular event, symptoms of 3PD develop.

What are the symptoms of 3PD?

The symptoms of 3PD include dizziness and /or unsteadiness, worse when upright, head or body in motion, and in visually busy environments, becoming worse later in the day. Exacerbation of symptoms in grocery or large stores, when reading, scrolling on the computer or cell phone, and with exposure to complex patterns on carpeting, wallpaper or clothing, is common. The dizziness and/or unsteadiness becomes intrusive and the symptoms of 3PD have been called elsewhere the “balance equivalent of tinnitus”.



How is 3PD treated? Once other causes are ruled out with appropriate vestibular function and/or other diagnostic testing, a combination of medications, such as benzodiazepines and SSRIs, and vestibular rehabilitation therapy is often effective. With significant underlying anxiety, cognitive behavioral therapy may also be helpful.

At BalanceMD, we remain vigilant in keeping up with the latest in the diagnosis and treatment of all causes of dizziness.

What is Tinnitus?

Tinnitus is generated internally and imaging studies confirm its presence in the brain, where auditory and other neural centers are stimulated the same way as with external sound.

Tinnitus affects 1 in 5 people, but for some individuals it will become a constant daily annoyance that affects every aspect of their lives. Tinnitus is most common between the ages of 40-70 years and is more common in men than women. Tinnitus is also the number one disability affecting veterans and active-duty service members. Descriptions of tinnitus include ringing or hissing, chirping, screeching, or even cicadas or musical sounds.

Anxiety, depression, sleep disturbance, lack of concentration, and reduced communication are commonly reported in those suffering from tinnitus. Patient questionnaires, like the CHIMP and the Tinnitus Handicap Inventory, aid in identifying how tinnitus affects the patient's level of concentration, ability to sleep, and their ability to communicate with others. These questionnaires also try to determine if tinnitus is causing anxiety, depression, or strain on personal or professional relationships. Creating an effective treatment plan is critical for physical and psychological wellbeing.

What Causes Tinnitus?

While the precise cause may be uncertain, the following are associated with tinnitus:

- Hearing loss with or without noise exposure
- Trauma to the head or neck
- Medical conditions including thyroid disease, Lyme disease and Fibromyalgia
- Excess cerumen
- Jaw misalignment
- Cardiovascular disease
- Medications including:
 - Antibiotics: ciprofloxacin, doxycycline, tetracycline, gentamicin, erythromycin, tobramycin, and vancomycin
 - Cancer medications: cisplatin and vincristine
 - Benzodiazepines such as alprazolam, diazepam, lorazepam, and clonazepam
 - Diuretics: bumetanide, furosemide, and torsemide
 - Quinines
 - Antidepressants: SSRIs and tricyclics
 - Aspirin and Non-Steroidal Anti-Inflammatory Drugs in high doses



What can be done to relieve tinnitus?

The first step in treating tinnitus is to have a medical evaluation that includes a thorough history, physical exam, and audiogram. Treatment of tinnitus typically includes tinnitus masking devices or traditional hearing aids. Tinnitus Retaining Therapy (TRT) is also a viable option.

Beware of advertised treatments that are not effective! There is no FDA-approved drug treatment for tinnitus and controlled trials have not found any medication, supplement, or herb to be any more effective than a placebo in controlled clinical trials.

We look forward to improving the lives of your patients who may be suffering from tinnitus. Please feel free to contact our office if you have questions or to refer a patient to one of our audiologists for assessment and treatment of hearing loss and/or tinnitus.