

BalanceMD Bulletin

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

Clinic News

Dr. Sanders has been busy giving lectures on vestibular disorders again this year. On February 27 at the Purdue University campus, he spoke to Indiana University medical students about "Advances in the Diagnosis and Treatment of Dizziness and Vertigo." On April 11, he spoke to a gathering of nurse practitioners at their annual convention in Indianapolis about "BPPV and Migraine - Diagnosis and Treatment of the Two Most Common Causes of Dizziness." Dr. Sanders is scheduled to speak again October 28 at Price Vision Group's 'Focus on Education' seminar as part of his ongoing commitment to lecturing on dizziness and vertigo at medical seminars several times each year.



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Untreated Hearing Loss Can Lead To Depression and/or Dementia

A recent study by the U.S. National Institute on Aging showed a link between hearing loss and dementia. It found that patients older than 60 had a 35% higher risk of developing dementia if they suffered from untreated hearing loss. This study monitored over 600 patients over a four-year period. Data showed those with moderate to severe hearing loss developed degenerative cognitive disorders at a higher rate than their normal hearing peers, concluding that **for every additional 10 db of hearing loss, a patient's risk for Alzheimer's increased 20%.**

There are several theories for this correlation. "Hearing loss might result from damage to nerve cells," Dr. Richard B. Lipton says. "And if there's damage to the neurons that mediate hearing, that may be a kind of marker for similar damage to nerve cells involved in memory and higher cognition." Lipton also believes the social isolation that often accompanies hearing loss may lead to less cognitive engagement, crucial in preventing dementia.

Additionally, patients over the age of 50 who are suffering from hearing loss may also be at risk for depression, according to a study by the National Council on Aging (NCOA). Patients who suffer from hearing loss are less likely to participate in social activities, leading to isolation and worsening depression. Because **hearing loss affects an estimated 1 in 12 Americans**, it's important to understand the dangers faced by those with hearing loss and respond effectively.

What is the solution?

The answer may be as simple as wearing and using hearing aids. Researchers at the Archives of Gerontology and Geriatrics found that every patient who wore hearing aids showed solid improvements in psychosocial and cognitive conditions in just three months.

The American Speech-Language-Hearing Association has established guidelines for determining when an individual should seek a hearing evaluation. **Signs to look for include:**

- Difficulty understanding speech, especially in background noise
- The individual isolates him or herself from social gatherings
- They watch television or listen to music at a much louder volume
- They often ask people to repeat themselves

Because mental health affects so many other facets of an otherwise healthy lifestyle, it is especially important to encourage those suffering from depression or showing signs of cognitive decline to seek treatment. The sooner the intervention, the more successful the treatment.

BalanceMD is offering *free Hearing Aid trials* throughout the remainder of 2015. If you have patients suffering from hearing loss, please contact our office to schedule a hearing evaluation with one of our Audiologists

Meclizine - A Medication to Avoid

Antivert (meclizine) is one of the most popular and commonly prescribed medications for dizziness. However, there is no scientific evidence supporting it's benefit. In fact, we now have evidence against it's use, especially long-term use.

Meclizine is an antihistamine with anticholinergic, central nervous system and labyrinth (inner ear) depressant effects, so meclizine may cause drowsiness, confusion, memory impairment, and slow reaction time.

While migraine is the most common (and most under recognized) cause of dizziness, making up approximately 60% of all dizzy patients, Benign Paroxysmal Positional Vertigo (BPPV - aka the "crystal" problem) is second, making up about 15%. In neither condition is meclizine indicated. Meclizine would have minimal, if any benefit for migraine and may help blunt the vertigo associated with BPPV, but we are now able to instantly cure those suffering from BPPV, so why use meclizine at all?

Meclizine may be helpful short term in acute vestibular disfunction (sudden onset of vertigo), such as in vestibular neuritis (without hearing loss) or labyrinthitis (with hearing loss), an attack of Meniere's, or to reduce motion sickness during travel. When used for these conditions or situations, only a short course, perhaps 3-7 days, should be prescribed.

Chronic use of meclizine is NEVER indicated. Use of meclizine in the elderly, especially in the setting of peripheral neuropathy and/or vision loss from cataract, glaucoma or macular degeneration, may cause more imbalance and lead to dangerous falls. Chronic use of meclizine following vestibular nerve damage (such as with vestibular neuritis or labyrinthitis, trauma, or Meniere's) will actually prevent the brain from adjusting and will reduce the effectiveness of vestibular rehabilitation therapy (a specialized form of physical therapy).

If you know of anyone who takes meclizine on a regular basis, please let them know there likely is a better treatment option available. As we are now better able to determine the underlying cause of dizziness and vertigo, we have also developed more effective, targeted treatments.



To Diagnose and Cure Dizziness Sooner Than Later

At BalanceMD, we currently see over a thousand new dizzy patients per year. Our patients ask one particular question more than any other:

"Why couldn't I have found you sooner?"

Fortunately, with technologic and diagnostic advances in vestibular medicine, we are now much better able to recognize the cause of dizziness or vertigo and therefore provide the most appropriate and effective treatment.

Vestibular function testing, when combined with the patient's clinical symptoms and physical examination findings, enhances our ability to arrive at the most likely diagnosis. We are now able to differentiate when the cause of dizziness is due to brain versus inner ear disorders. This valuable information allows us to know whether a CT or MRI is needed (usually not).

We can quickly identify and instantly cure patients with benign paroxysmal positional vertigo (BPPV), aka the 'crystal' problem. Based on the diagnosis, we know whether medication or a physical therapy intervention would be most useful.

Unfortunately, many patients go months or years without a correct diagnosis, undergoing unnecessary (and sometimes multiple) MRI or CT scans and/or carotid doppler studies. They are prescribed medications, such as meclizine, which are often ineffective. They are sent to a physical therapist when the underlying cause of their dizziness or vertigo is something that physical therapy cannot help.

For the specific case of BPPV, patients are amazed to learn that their vertigo can be cured with a simple head maneuver - they leave our office after their first visit cured of the vertigo they had been suffering with for months or years. One particular patient who had been suffering with BPPV for many months actually fell and broke her hip as a result of vertigo and certainly wished she had received a diagnosis and treatment sooner.

In neurology, we have a saying: "time is brain". Indeed, in vestibular system disorders, timely diagnosis and appropriate treatment can save needless suffering, prevent painful and sometimes deadly falls, and save our healthcare system unnecessary expense.

Our Mission is to cure or significantly improve dizziness, imbalance and hearing loss in the most patient-friendly and cost-effective manner possible. BalanceMD offers locations in Indianapolis and Lafayette where all "dizzy" patient needs can be met, utilizing only the most highly trained and knowledgeable healthcare providers working together, including physician, audiologist and physical therapist. *We are proud to say that 91% of our patients experience a cure or significant improvement in symptoms.*