

BalanceMD Bulletin

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

When it comes to the symptoms of dizziness, vertigo, imbalance and hearing loss, BalanceMD is here to serve you and your patients by providing the most cost-effective, accurate diagnosis and treatment. Our newsletters are meant to be informational and based on the latest developments in vestibular medicine, so as to improve patient care and outcomes.

Clinic News

Dr. Sanders has been busy giving lectures on vestibular disorders again this year. In March at the Purdue University campus, he lectured to Indiana University medical students on “Advances in the Diagnosis and Treatment of Dizziness and Vertigo.”



Scott Sanders, MD, PhD

Balance MD staff is working on a journal article regarding vestibular migraine. Preliminary results suggest **vestibular migraine is more than twice as common as BPPV and 30x more common than Meniere's disease.**

In keeping our knowledge on vestibular disorders up-to-date, the entire Balance MD team is traveling to Savannah, Georgia April 2016 for a 2 day seminar on vestibular disorders.

Dizzy Patients Typically See 4-5 Doctors Before Receiving The Correct Diagnosis

In a 2011 survey by the Vestibular Disorders Association (VEDA), it was determined that those suffering from dizziness (the ‘dizzy’ patient) were on average seen by 4 or 5 doctors before receiving the correct diagnosis. Many patients suffering from dizziness typically undergo multiple tests while accumulating large medical bills and no answers. The time ‘dizzy’ patients spend in this process can be months to years and may result in painful fall-related injuries while seeking help from various healthcare practitioners.

“Dizziness” differential can be broad

Symptoms of dizziness are often subjective and an accurate diagnosis at first may not be straightforward. ‘Dizzy’ patients may initially be seen by their primary care physician or go to an urgent care facility/emergency room. Because the potential underlying causes for dizziness can be diverse, patients may then be referred to an otolaryngologist, a neurologist and/or a cardiologist. Studies reveal that many undergo brain or sinus CT and/or MRI scans, carotid doppler studies, EEG, EKG, echocardiogram, tilt table testing, and blood tests. These tests, unfortunately, have low yield in arriving at the correct diagnosis for most ‘dizzy’ patients. Vestibular suppressant medications, such as meclizine, diazepam or promethazine, typically offer little relief and do not treat the underlying cause. Although certain conditions are improved greatly through a specialized form of PT known as vestibular rehabilitation, the majority of ‘dizzy’ patients do not significantly benefit from PT.

Effective Treatment Depends on Correct Diagnosis

The knowledge and technology we have available today in the diagnosis and treatment of the ‘dizzy’ patient has advanced significantly and is different than what would have been considered standard of care just 20 years ago. At the initial visit to a physician experienced in vestibular disorders, the ‘dizzy’ patient will be given the most likely diagnosis and a short list of differential diagnoses. Benign Paroxysmal Positional Vertigo (BPPV), if present, will be treated. If BPPV is not present, then vestibular function testing and an audiogram are generally the most valuable tests to obtain, and will help confirm or refute the diagnosis suspected by clinical information obtained in the history and physical. Arriving at the correct diagnosis is vitally important because **effective treatment of ‘dizziness’ depends on the diagnosis.**

Time is Money

Especially in this age of high deductible health insurance plans, *patients are seeking the most expedient and accurate diagnoses and the most effective treatment in a cost-effective manner.* With the advanced diagnostic and treatment capabilities available today, ‘dizzy’ patients should no longer have to see 4 or 5 doctors before receiving the correct diagnosis.

Age-related Imbalance Can be Treated

While balance is not going to be the same for someone in their 70s as it was in their 30s, that doesn't mean dizziness or imbalance have to be accepted as a normal part of aging. Just as muscle strength and flexibility diminish with age, the three main sensory systems associated with balance (proprioception, vision and vestibular) diminish as well. Changes in any or all of these sensory systems can add up to a significant problem with balance. However, similar to muscle strength, the function of these systems and the brain's ability to use these systems in cooperation, can improve with practice and exercise. **This is where a specialized form of physical therapy (PT) known as vestibular rehabilitation therapy (VRT) comes into play.** We often tell our patients we are "strengthening" their balance system with vestibular system exercises just like we strengthen muscles through exercise. However, the *exercises necessary to accomplish improved balance just happen to be quite different, focusing on the sensory part of balance.*

Dizziness and imbalance can result from a variety of or combinations of factors. Any condition that leads to damage of the vestibular system, such as vestibular neuritis, Meniere's disease, or vestibular schwannoma, can result in dizziness and/or imbalance. Those with peripheral neuropathy and/or vision loss can suffer with imbalance as well. But many with imbalance have normal vestibular function, intact proprioception and vision, yet are still off balance. These patients may be suffering from presbyastasis or "dysequilibrium of aging". Presbyastasis is a complex condition in which age-related physiologic changes occur, none of which would necessarily be symptomatic on their own, but the combination of changes results in imbalance and an increased risk of falling. When those with presbyastasis begin to feel off balance or fall, they may limit their activities due to a fear of falling and then begin a vicious cycle, eventually becoming debilitated due to inactivity.

"Just a part of getting older"?...

Today, we are seeing more and more older adults trying to stay active and have a good quality of life as they age. Expecting dizziness or imbalance as inevitable or untreatable may limit confidence in balance and overall quality of life. Community exercise classes that focus on balance, such as Tai Chi, can be quite helpful. *But the most targeted and effective approach is VRT with a qualified and experienced PT, in which the therapist performs a comprehensive balance assessment to determine which of many potential factors are contributing to an individual's imbalance.* Then, an individualized plan of care is developed and implemented to reduce the risk and fear of falling. The exercises are easy to do at home and make a large impact on balance, confidence and quality of life.



At **BalanceMD** our mission is to cure or significantly improve dizziness, imbalance, and hearing loss in the most patient-friendly and cost-effective manner possible.