

Dizziness and vertigo

It is hard to define dizziness, since feeling dizzy is such an individual experience. Some people describe it as a sensation of light-headedness or feeling faint, while others say it feels like they are suddenly unsteady (as if the floor is moving beneath their feet).

Vertigo is described in similar ways. Generally, vertigo feels like you are rotating in circles when, in fact, you are standing still. It is similar to the way you feel when spinning on a playground roundabout. Alternatively, vertigo has been described as the sensation of standing still within a spinning room.

Since the definitions of dizziness and vertigo are so vague, and because many of the symptoms overlap, it is helpful to group the terms together. Dizziness and vertigo can be caused by a wide range of factors, including underlying disorders such as infection or low blood pressure.

Symptoms

The general symptoms of dizziness can include:

- Light-headedness
- Feeling faint
- Unsteadiness
- A false sensation of movement, either of the self or the external environment
- Confusion
- Nausea.

Additional symptoms

Additional symptoms that may suggest an underlying medical condition include:

- Unusual eye movements, such as flitting of the eyes (nystagmus)
- Headache
- Vomiting
- Ringing sound in the ears (tinnitus)
- Speech difficulties, such as slurring
- Deafness
- Muscular weakness
- Staggering gait and loss of coordination (ataxia)
- Loss of consciousness.

The inner ear contains the organ of balance

Inside the inner ear is a series of canals filled with fluid. These canals are at different angles. When the head is moved, the rolling of the fluid inside these canals tells the brain exactly how far, how fast and in what direction the head is moving.

Information from these canals is passed along to the brain via the vestibular nerve, which lies next to the cochlear nerve. If the brain knows the position of the head, it can work out the position of the rest of the body. Generally, most cases of dizziness are caused by problems of the inner ear, the brain or nerves that connect the inner ear to the brain.

A wide range of causes

A wide range of conditions and diseases can cause dizziness, including:

- **Inner ear problems** – disorders of the inner ear account for about half of all cases of persistent (ongoing) dizziness. Disorders include Meniere's disease, benign paroxysmal positional vertigo (BPPV), vestibular neuritis, labyrinthitis and acoustic neuroma.

- **Anxiety disorders** – about 15 per cent of dizziness cases are caused by anxiety disorders, including panic attacks and phobias.
- **Brain problems** – brain disorders account for about five per cent of dizziness cases. A common cause of dizziness is migraine – even without the headache that most people associate with a migraine. Very rarely, other causes of dizziness can include stroke, Parkinson’s disease, brain tumour and multiple sclerosis (MS).
- **Medical conditions** – about five per cent of dizziness cases are caused by underlying medical conditions such as low blood pressure, infection, hypoglycaemia (low blood sugar) and some heart problems (such as cardiac arrhythmia). Drugs that are used to treat conditions such as epilepsy, coronary heart disease and hypertension can also cause dizziness in some people.
- **Other factors** – other factors that may cause dizziness include motion sickness, marijuana use, withdrawing from alcohol, fibromyalgia and getting too hot in a stuffy room.
- **Unknown causes** – in about a quarter of cases, a cause isn’t found.

Diagnosis methods

Depending on the underlying disorder, the cause of dizziness is diagnosed using a number of tests including:

- Medical history, including intensive questioning about the exact nature of the symptoms
- Physical examination, including a blood pressure check
- Hearing tests and other tests to check the structures of the inner ear
- Fasting blood glucose test
- Tests to check the structures of the inner ear
- CT or MRI scans of the brain, if conditions such as stroke or tumour are suspected
- Angiogram to check blood flow to the brain
- Electroencephalogram, if epilepsy is suspected
- Other tests relating to specific conditions.

Treatment options

Treatment depends on the cause. For example, bacterial infections of the inner ear are treated with antibiotics, while anxiety disorders respond well to counselling and cognitive behaviour therapy. In cases where a cause can’t be found, treatment options may include:

- Bed rest
- Medications to dampen the sensations of dizziness
- Anti-nausea medications
- Regularly performed balancing exercises to ‘retrain’ the nervous system
- The canalith positioning procedure, which is a special set of head postures designed to move the particles inside the ear.

Where to get help

- Your doctor
- Hearing and Balance Centre, St Vincent’s Hospital Sydney Tel. 1300 134 327

Things to remember

- Generally, most cases of dizziness are caused by problems of the inner ear, brain or nerves that connect the inner ear to the brain.
- Causes of dizziness include viral or bacterial infection of the inner ear, nerve inflammation, stroke and anxiety disorders such as panic attacks.
- In about a quarter of cases, a cause isn’t found.

Want to know more?

For references, related links and support group information, go to [More information](#).

This page has been produced in consultation with, and approved by:

Royal Victorian Eye and Ear Hospital (RVEEH)

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