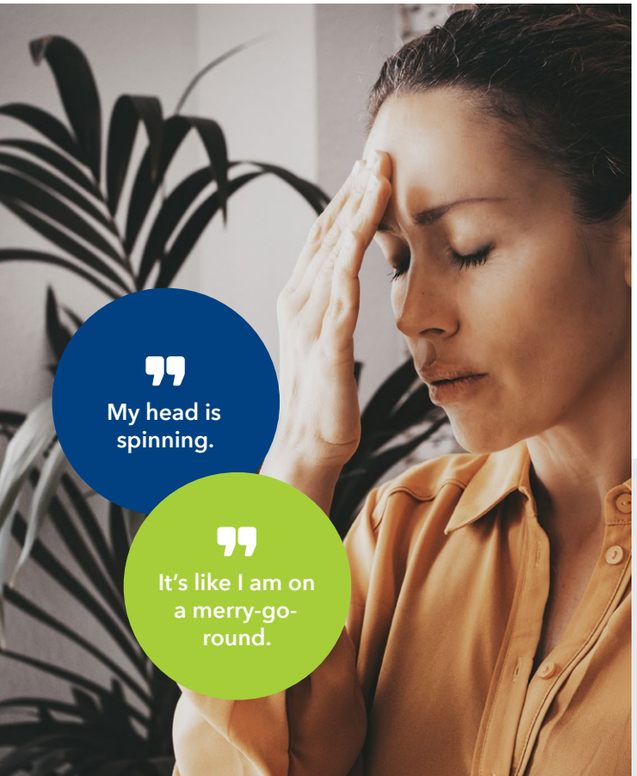
WHAT IS VERTIGO?

Vertigo is a specific type of dizziness that can vary in duration, ranging from seconds to hours. It is the medical term for the form of dizziness that has a sense of spinning and swaying motion to it. Individuals at times describe it as "my head is spinning" or "it's like I am on a merry-go-round". Occasionally this may be accompanied by a sensation of veering off to the side or being pulled forwards or backwards even though you are stationary.

Vertigo can be very debilitating as our sense of knowing where we are in our environment and simple tasks such as opening our eyes to look around us, sitting, walking or grasping objects become a struggle.



Two common disorders that experience vertigo include:

Benign paroxysmal positional vertigo (BPPV)

This is the most common cause of episodic vertigo. It typically lasts less than one minute of an intense spinning sensation, usually triggered by changing the direct of our head, such as lying down, rolling over in bed or tiling the head back. BPPV is a dysfunction originating from the balance receptors inside the semicircular canals of our inner ear system. These receptors are very sensitive to head trauma and ototoxic medication. Whilst there may be a range of causes, BPPV can be effectively treated with positional correction exercises administered by a physiotherapist or completed in the comfort of your own home.

Ménière's disease

This is a chronic vestibular disorder of the inner ear that can cause both balance and hearing problems. Hearing disturbances that can be accompanied with Ménière's disease include single sided hearing loss, fluctuating hearing, increased perception of tinnitus and a feeling of fullness in the affected ear.

It is thought to be related to the changes in nature of the fluid (endolymph) in our inner ear, where the endolymph builds up and applies pressure within the inner ear structures. When the inner ear is dysfunctional in this manner, it can lead to episodic vertigo attacks lasting between 20 minutes and 12 hours.

The prevalence and incidence of Ménière's disease in Australia is unknown but it is estimated that about 40,000 Australians are affected. Symptoms most commonly begin when people are in their 30s and it is rare for symptoms to begin after the age of 60. In around 40% of cases Ménière's disease progresses to affect both ears.

Ear Science Institute Australia

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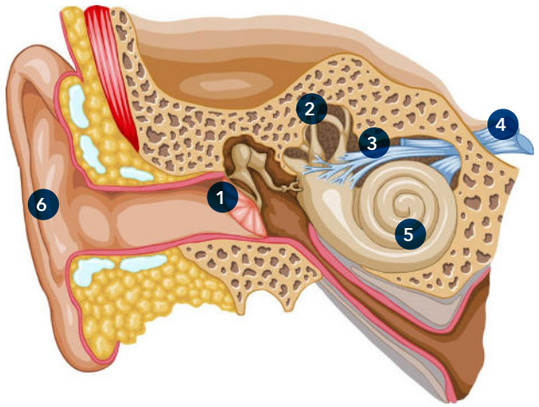
EARS AND BALANCE

Our ears and balance system are closely connected in our inner ear. The cochlear is the hearing organ whilst the semicircular canals are our balance organ. These two organs are situated right next to each other in our inner ear.

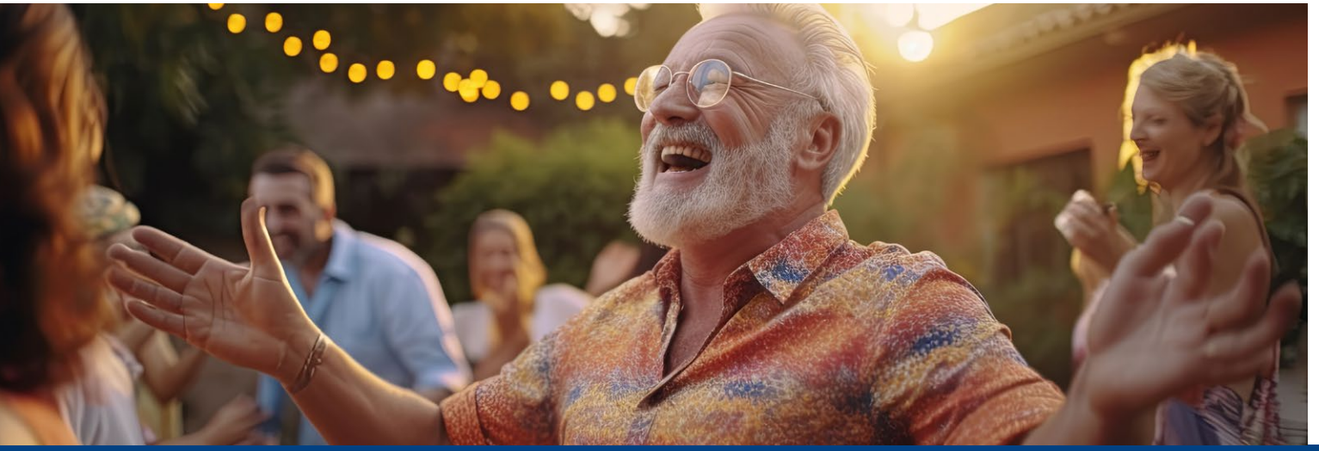


1. Eardrum
2. Semicircular Canals
3. Vestibular Nerve
4. Auditory Nerve
5. Cochlea
6. Pinna

WHAT IS THE VESTIBULAR SYSTEM?

This is the medical term given to our balance system. It is one of the most sensitive systems in our body that works automatically both day and night to help us perform basic day-to-day tasks. It consists of a complex set of receptors inside our inner ears that are stimulated by our head movements, which then sends signals to both our eyes and brain to give us information about where our body is in space. It is responsible for telling us whether we are moving up, down, forwards, backwards, quickly or slowly.

All of this is vital for our safety and everyday function. So, when our head is moving, rotating or tilting, one function of the vestibular system is to trigger our eyes to move in the equal and opposite direction to help us maintain a clear image of whatever it is we would like to stay focused on. For example, our vestibular system is at work keeping our sense of balance, when we are walking or driving down the street whilst trying to turn to look and read a street sign.



WHAT IS DIZZINESS?

Dizziness is a broad term to describe the feeling we have when there is something wrong with our sense of balance. Dizziness is often difficult to explain with the duration of the balance disturbances varying in length and frequency between these disturbance episodes.

At times it can be described as a sensation of feeling light-headed, faint, wobbly, off balance, giddy, unstable, nauseous or a sense of spinning. When the vestibular signals between our ears, eyes and brain are not functioning optimally, it can leave us feeling very disorientated and confused as to where we are physically in our surroundings.

Symptoms that may accompany dizziness include:

- ✓ Headache/Migraine
- ✓ Nausea and vomiting
- ✓ Being pulled/swaying to one direction
- ✓ Increased risk of falling
- ✓ Ringing or other sounds in the ears (tinnitus)
- ✓ Difficulty hearing/ blocked ears (fullness)
- ✓ Staggering gait and loss of coordination (ataxia)
- ✓ Unusual eye movements, such as flitting of the eyes (nystagmus)
- ✓ Finding it difficult to see clearly when moving, for example, when reading a sign while walking or driving
- ✓ Brain fog

WHAT SHOULD I DO ABOUT MY DIZZINESS?

The first point of call is to speak to your GP regarding your balance concerns and complete a diagnostic hearing assessment. The hearing assessment can provide insight into the function of the inner ear to build a holistic picture. Following this, your doctor may request a Vestibular Triage Assessment.

It is important to remember there is assistance and help for balance disturbance relief. The pathway of diagnosing dizziness is a comprehensive process which can take more than one appointment between a few health practitioners. They may include consultations with an audiologist, GP, vestibular physiotherapist, Ear Nose and Throat Specialist or neurologist.

WHAT IS VESTIBULAR TRIAGE?

At Victorian Hearing we offer Vestibular Triage Assessments. This involves a series of six subtests that record the movement of the eyes, to help identify areas of weakness in our vestibular system. Results from this assessment are used to help determine the pattern of the vertigo, dizziness or imbalance, which if identified can be treated.

Vestibular triage involves wearing specialised goggles whilst an audiologist gives you set tasks to track eye movements. These activities require the individual to have good mobility to be able to lay down and undergo fast head and neck turns.

Depending on the outcome of this initial triage assessment, the next steps may involve referrals to either a neurologist, balance physiotherapist or an Ear Nose and Throat specialist for further management.