

A new diagnostic and treatment approach to vertigo and dizziness

Vertigo and dizziness are common symptoms. A correct diagnosis is fundamental to detect the cause and subsequent treatment. The HPA Health Group has sophisticated methods to diagnose and treat vertigo as well as specifically trained professionals.

Vertigo is one of the most frequent complaints and the reason for 3-5% of all general and family medicine consultations. It is common to confuse vertigo with dizziness and problems of the motor system, which can lead to a delay in the diagnosis. Proper treatment is based on a correct diagnosis of the cause, which often needs multidisciplinary collaboration.

Balance control depends on the vestibular system of the inner ear, the proprioceptive system and vision, amongst which the inner ear is the most important, as it makes up more than 60% of all cases.

Vertigo is generally either central or peripheral. This division is insufficient to categorising every patient, but nevertheless this terminology is still used in the first

clinical approach.

The basic elements for a proper diagnosis are a complete clinical history and a clinical exam to assess the otoneurologic evaluation. Any need for complementary exams should be considered and will depend on history and a medical examination, as the probability of finding another pathology with no correlation to the current symptoms is quite high. The most important vestibular exams include a video Head Impulse Test (vHIT) and a Videonystagmography (VNG). Imagology exams include computerised tomography (CT Scan) and magnetic resonance (MRI) to detect vascular disorders and neoplasia.

Vertigo of vestibular origin includes Benign Paroxysmal Positional Vertigo (BPPV), Vestibular Neuritis, Ménière's Disease and

infections such as Labyrinthitis. The specialist can normally diagnose which type of vestibular vertigo, by a clinical examination of the patient during the consultation.

BPPV is the most common pathology, causing more than 30% of all dizzy spells. It is caused when small otoliths become dislodged, and is characterised by a spinning sensation lasting minutes, always associated with movements of the head, especially when lying down. Vestibular Neuritis is the word used to describe the sudden unilateral loss or reduction of the function of the vestibular system. In these cases, vertigo is strong and persistent, often accompanied by vomiting and general indisposition, which can be confused with central vertigo. Ménière's Disease is a rare condition, characterised



by strong vertigo crises, normally lasting more than 30 minutes, associated with hypoacusis (hearing impairment) and tinnitus, which is referred to as the *Ménière's Triad*.

Central Vertigo and dizziness include a transient ischemic vascular attack, and cerebral vascular accident, for which the diagnosis might require complementary exams. Common causes of dizziness also include orthostatic hypotension, arrhythmia, ataxia

and certain medication.

The treatment for vertigo is causal and depends on the origin. For example, treatment with the Epley manoeuvre for BPPV has a success rate of over 90%. Medication such as for example anti-emetic and anti-vertigo drugs, normally take some time to act, resulting in a rehabilitation delay. No matter what the pathology, physical therapy is always efficient and should accompany the specific therapy.

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