Vertigo is defined as an illusion of movement
Explore characteristics of symptoms; examine for nystagmus
Do a Hallpike test in all patients presenting with vertigo/dizziness
At every stage, explore ‘Red Flags’ and refer as necessary
Dizziness with pre-syncopal symptoms should be referred to Cardiology
Only the common causes of vertigo are included

**Primary Care Guidelines – Vertigo/Dizziness**

- **Vertigo**
  - When vertigo is present, examine for nystagmus
  - A Hallpike test should be performed
  - Consider referral to ENT if severe

- **Dizziness**
  - Dizziness can be a symptom of many conditions
  - Consider referral to ENT if severe

**Diagnosis: BPPV**
- Rx Epley, if nystagmus consistent with Posterior canal BPPV (up-beating rotational geotropic) (1)
- Consider Menière’s disease if vertigo lasts <24 hours.
  - Start Betaistine 16 mg mg tds and refer to ENT/AVM

**Recurrence attacks?**
- Yes
  - Consider Labyrinthitis (2)
  - Start vestibular suppressants for up to 72 hours. e.g. prochlorperazone 5-10mg tds. Refer to ENT/AVM if no better after 4 weeks
  - Try dietary avoidance. If no improvement, consider prophylaxis eg pizotifen 0.5mg - 1.5mg on. If no better refer AVM/Neurology
- No
  - Consider Vestibular Neuritis (3)
  - Refer to ENT/AVM for aetiology and management

**Patient attends with vertigo/dizziness**
- Vertigo lasting < 1 min and triggered by changes in head position
  - Hallpike positive
  - Hallpike negative
  - Vertigo associated with unilateral hearing loss/tinnitus
  - Episodic Vertigo lasting seconds to hours
  - Explore migraine triggers/features
  - Dizziness/imbalance provoked by general movement
  - Consider multisensory factors in elderly (5)
  - Uncompensated peripheral vestibular impairment (6)
  - Bilateral vestibular failure: oscillopsia (7) with head movement
  - Central vestibular (see Red Flags)

**References:**
- Osei-Lah, Dr Victor
- West, Dr Peter
- Saunders, Mr. N
- Watts, Mr S
- Buckland, Dr D

**Authors:**
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- Buckland, Dr D

**Others Involved:**
- CWS ENT Task & Finish Group
- WSHT LRMG

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**RED FLAGS**
- First attack of vertigo with acute severe headache (refer to A/E – r/o CVA)
- Persistent symptoms for > 1 month (refer to ENT/AVM)
- Nystagmus lasting > 48 hours (refer to ENT/AVM)
- Unilateral tinnitus/dysacusis/aural fullness (follow tinnitus pathway)
- Sudden/fluctuating hearing loss (follow hearing loss pathway)
- Dysconjugate eye movements (refer to Neurology)
- Posterior circulation symptoms (refer to Neurology)
- Positive Hallpike Test, provoking nystagmus but no symptoms (refer to AVM/Neurology)
- Vertical nystagmus (refer to AVM/Neurology)
- Cerebellar signs (refer to Neurology)

**These are purposefully very short guidelines. For more comprehensive information please see guidelines written by Dr Peter West. Click here.**