Dizziness in patients with recent episodes of benign paroxysmal positional vertigo: real otolithic dysfunction or mental stress?


Source

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Abstract

OBJECTIVE:

Our goal was to verify the existence of otolithic dysfunction or mental stress in patients with dizziness following an episode of benign paroxysmal positional vertigo (BPPV) that was treated and resolved.

STUDY DESIGN:

Prospective study.

METHODS:

Forty patients with BPPV were examined 2, 7, and 14 days after resolution. Based on residual symptoms reported during three follow-ups, they were classified as type A (with dizziness) or type B (without dizziness). During the first follow-up, they were asked to compile a self-rating anxiety scale (SAS), and we then determined subjective visual vertical (SVV). The determination of SVV was repeated during the subsequent follow-ups. For each patient, we also evaluated the rate of BPPV episodes that were recurrent and resistant to treatment and examined distribution by age and gender during the follow-ups.

RESULTS:

A comparison of type A (1.20 +/- 0.45) and type B (0.64 +/- 0.58) patients showed a significant difference in determining SVV only at the first follow-up (p = .002). Among type A patients, the rate of resistant BPPV was 75%, whereas the rate of recurrent BPPV was 100% at the third follow-up, during which the SAS revealed a significant increase (p = .005) among type A (52 +/- 3.74) versus type B (41.6 +/- 4.7) patients; the male to female ratio was 1:5 (type A) and 4:5 (type B), and the mean ages were, respectively, 56.4 +/- 4.98 and 43.6 +/- 10.2.

CONCLUSIONS:

Otolithic dysfunction explains only brief dizziness. The persistence of dizziness is correlated with mental stress that is affected by the duration and recurrence of BPPV, age, and gender.