Anxiety in a dizzy patient: the importance of communication in improving outcome.

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Abstract
Most patients with dizziness have a benign self-limited condition, often of labyrinthine origin; however, some develop a more intractable form of dizziness that can be challenging to evaluate. In many of these patients, brain imaging, vestibular testing, and clinical examination are normal, but the patient is significantly impaired. Many such patients have coexisting anxiety, which can make it difficult to determine whether the anxiety is a reaction to the dizziness or its primary cause. A careful history, including an assessment of the impact of symptoms on quality-of-life, social, and work-related issues is critical, and effective patient communication is essential. The following case exemplifies how a high-functioning person can become severely limited because of the complex intertwining of several types of dizziness with anxiety.