VERTIGO
- Illusion of movement due to an imbalance of tonic vestibular activity within central or peripheral vestibular pathways (need to differentiate from light headedness)
- Commonly associated with nystagmus, postural imbalance and autonomic symptoms (sweating, nausea, vomiting)

Differential Diagnosis:
- **Peripheral Causes** – Benign Positional Vertigo, viral or ischaemic labyrinthitis, trauma, toxins, Meniere’s Disease
- **Central Causes** - TIA posterior circulation (rare as only sign), migrainous vertigo, demyelination, seizures, space occupying lesions (e.g. cerebellopontine angle tumours)

### Information Required
- Presence of Red flags
- Careful history including drug history-alcohol, benzodiazepines, barbiturates phenothiazines, aminoglycoside antibiotics, anticonvulsants
- Associated other neurological signs—eg diplopia, nystagmus, gait ataxia, limb weakness, sensory disturbances or incoordination
- Hearing loss
- Precipitating factors—coughing, head movements
- Duration eg BPV- last seconds, brought on by certain head movements
- Whether it is episodic
- Acute/subacute/chronic onset

### Investigations Required
- FBE, EUC, LFTs
- CT head.

### Fax Referrals to Neurology
- Flinders Medical Centre Fax: 8204 6932

### Red Flags
- Associated other neurological signs (sensory facial changes, diplopia, dysarthria, dysphagia, extremity weakness or numbness or incoordination)—consider central aetiology
- Gait disturbance (ataxia)
- CT head abnormality

### Suggested GP Management
1. Careful neurological exam
2. Provocative testing—Hallpike manoeuvre: - if positive, refer to a neurophysiotherapist for vestibular exercises
3. Refer to ENT if associated hearing impairment

### Clinical Resources
- Medlink Neurology- [www.medlink.com](http://www.medlink.com)