

History of the Dizzy Patient

Timothy C. Hain, MD

Neurology, Otolaryngology, Physical
Therapy

Northwestern University Medical School
Chicago, IL

The Questionnaire – 5 minute complete history

- I give the patient “The questionnaire” before seeing (see below to download).
- Read questionnaire.
- Ask the patient to tell you “what’s going on”.
- Proceed on to exam.

<http://www.dizziness-and-balance.com/practice/default.htm>



History

- Definition
- Timing
- Triggers
- Otologic history
- Social history
- Review of systems
- Medication history
- Family history
- Previous studies



Define Terms

- Dizzy: having a whirling sensation in the head with a tendency to fall
- Vertigo: a disordered state in which the individual or his surroundings seem to whirl dizzily
- (Websters 9th New Collegiate Dictionary)



Define your Dizziness

- Movement ? (vertigo)
 - Spinning, rocking, translation
- Blurred vision ?
- Confusion ?
- Weakness ?
- Unsteadiness



If your dizziness comes in spells, how long do the spells usually last?

- Seconds (Quick Spins)
- Less than a Minute
- Minutes to Hours
- Hours to Days
- Days to Weeks
- Months to Years (chronic)



Quick Spins 1-5 seconds

- BPPV
- Vestibular paroxysmia (vascular cross compression syndrome)
- Superior Canal dehiscence
- Seizure

 T. Hain, MD

Seconds to a minute

- BPPV
- Cardiac or cardiovascular
- Panic disorder
- “quick spin” – vestibular nerve irritation

 T. Hain, MD

Minutes to hours

- Meniere’s Disease
- Migraine
- Panic Disorder
- TIA

 T. Hain, MD

Hours to Days

- Menieres
- Migraine
- Stroke and other structural CNS lesions
- Vestibular neuritis/labyrinthitis

 T. Hain, MD

Days to Weeks

- Migraine
- Vestibular neuritis/ labyrinthitis
- Stroke and other structural CNS lesions
- Drug reactions

 T. Hain, MD

Months to Years (Chronic)

- Stroke and other structural CNS lesions
- Fluctuating vestibular disorder (e.g. SCD or fistula)
- Multisensory disequilibrium
- Ototoxicity
- Psychiatric

 T. Hain, MD

Triggers

- Position of head ? (usually BPPV)
- Head movement in general ?
- Visual stimuli (Visual dependence)
- Pressure changes (fistula ?)
- Eating (migraine or Menieres)
- Seasons (allergy, migraine)
- Menses (migraine)

 T. Hain, MD

Otologic History

- Tinnitus
- Hyperacusis/Phonophobia (migraine)
- Fullness (monaural or binaural)
- Hearing loss (timing, fluctuation, monaural/binaural)
- Ear pain (migraine or TMJ)

 T. Hain, MD

Social History

- Drinking/Smoking
- Married with children ?
- Frequent flyer ?
- Active or sedentary ?
- Working ?
- Driving ?
- Litigation ?
- Menopausal ?

 T. Hain, MD

Review of Systems

- Put dizziness into context of whole person
 - Cardiac problems ?
 - Vascular risk factors ?
 - Endocrine (thyroid/DM) problems ?
 - Autoimmune ?
 - Psychiatric ?
 - Surgery ?

 T. Hain, MD

Medications

- Centrally acting drugs ?
- New drugs
- Blood pressure medications (e.g. Hytrin)
- Diabetic ?
- Thyroid ?
- Exposure to toxins ? (Ototoxins, Chemo, Amiodarone)

 T. Hain, MD

Previous encounters with medical system

- Ear testing (ENG, Audiogram)
- Brain testing (MRI, MRA, CT, EEG)
- Blood testing (CBC, Chem profile)
- Neck (if relevant)

 T. Hain, MD