Evidence-Based Home Particle Repositioning Manoeuvres for BPPV

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Brief Overview

- *** 2008**
- * American Academy of Neurology (AAN) Fife et al.
- * American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNS) Bhattacharyya et al.
- * **Published** clinical practice guidelines for treating people with BPPV.
- * Based on extensive reviews and quality of the existing literature.
- * **Help** standardise best practice techniques for the treatment of BPPV.

AAN Guidelines (Fife et al 2008)

Findings from several studies

* Most effective self-treatment for BPPVp is CRP.

Conclusion of AAN guidelines

* "....there is insufficient evidence to recommend or refute using Semont manoeuvre or CRP for [self-treatment of] BPPVp".

AAO-NHS Guidelines Bhattacharyya et al 2008

3 studies examined self-treatment manoeuvres for BPPVp.

Findings

- * **Study 1**: Slightly greater improvements using selftreatment CRP after CRP treatment in clinic.
- * Study 2: Self-treatment CRP more effective Brandt Daroff exercises (64% improvement cf 23%).
- * **Study3:** Self-treatment CRP more effective than modified Semont manoeuvre (95% improvement cf 58%).

Conclusion of AAO-NHS

* "Self-treatment of **BPPV***p* may be an option in motivated individuals."

* Brandt Daroff habituation exercises least effective self-treatment for **BPPV***p*.

Self-Treatment Guidelines

Rationale

- * Relatively high recurrence rate of BPPV.
- * Most common peripheral vestibular disorder.
- * Improve efficacy of treatment provided in clinic.

Caution: Use of Self Treatment Manoeuvres for Canalolithiasis BPPVp

- * May cause recurrence of BPPV (?p or others) when patient does CRP at home after treatment in the clinic (Fife et al 2008).
- * CRP for BPPVp administered in clinic + selftreatment more effective than CRP alone (Helminski et al 2010).

Since 2008......

Effectiveness of Particle Repositioning Maneuvers in the Treatment of Benign Paroxysmal Positional Vertigo: A Systematic Review

Helminski JO, Zee DS, Janssen I, Hain TC. Physical Therapy 2010

Parameters

- * RCTs
- * Quasi-RCTs
- Diagnosis of BPPVp
- * PRM treatment
- * Re-assessed 24 hours or more after treatment.

Findings

* Self-treatment CRP more effective than selftreatment Liberatory (Semont) manoeuvre for BPPVp.

* Brandt Daroff habituation exercises least effective self-treatment for **BPPV***p*.

Summary

- * Evidence for self-treatment canalolithiasis BPPVp
 - * **Self**-treatment of BPPVp may be an option in motivated individuals (Bhattacharyya et al 2008).
 - * CRP more effective
 - * Semont/Liberatory manoeuvre
 - * Brandt Daroff exercises least effective.

Summary

* Conflicting findings

- * CRP + self-treatment CRP at home more effective than CRP alone (Helminski et al 2010).
- * **CRP** self-treatment after treatment in the clinic may cause a recurrence of BPPVp (Fife et al 2008).

Summary

- * Considerable evidence supporting selftreatment of canalolithiasis BPPVp.
- * Paucity of evidence supporting self-treatment of the other BPPV variants.

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