DO EARS HAVE BONES? IS THERE A RELATIONSHIP BETWEEN RECURRENT IDIOPATHIC BPPV IN WOMEN AND OSTEOPOROSIS?

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Benign Paroxysmal Positioning Vertigo (BPPV) is the single most common cause of vertigo especially in the older person. This syndrome may be the seguelae of several inner ear diseases; in more than half of all cases no cause can be found. Patients with BPPV experience brief episodes of vertigo and nystagmus (lasting less than a minute) with movement of the head in relation to gravity. These episodes may last for several weeks and then spontaneously remit, only to recur weeks, months or even years later. Recognition of the syndrome is important because in the majority of patients it can be treated giving the patient immediate remission by re-positioning the otoconial particles moving in a semicircular canal. Accurate diagnosis and treatment decreases the probability of falls and injury. This is of particular importance in the older person and in those with osteoporosis, as new findings suggest there is a relationship between recuring idiopathic BPPV in women and osteoporosis. BPPV may be due to pathophysiological mechanisms involving the integration of calcium into the otoconia and their stabilisation on the macula of the utricle. The positioning test - Hallpike manoeuvre - is the cornerstone of diagnosis and treatment. The Epley manoeuvre is designed to re-position the debris from the involved semicircular canal into the utricle where it is cleared by phagocytosis.