

DIZZINESS: Help for this Hidden Disability

Incidence: Dizziness or vertigo is the second most common problem to low-back complaints. Approximately 12.5 million people over the age of 65 experience dizziness or balance problems that significantly interfere with their lives. 40% of the population over the age of 40 will experience a dizziness or balance disorder during their lifetime. Dizziness is the primary complaint in 2% to 5% of all primary care visits, accounting for 8 million visits per year. Over the age of 65, dizziness is the third most common reason for people seeking medical care, and over the age of 70, the first.

With more than half the Australian population affected by vestibular disorders at some point in their lives, the need for appropriate evaluation and treatment of these problems is increasingly evident.

What is vertigo? Dizziness (vertigo) is the hallucination or illusion of movement that can result in significant disability, falls or fear of falling. It is a symptom of a problem within the inner ear, or the vestibular nuclei and connecting brain pathways, called the vestibular system.

Symptoms: People with vestibular disorders are unable to move about the environment without vertigo and/or imbalance. They experience muscle weakness, clumsiness, muscle fatigue, headaches, concentration and memory problems, decreased fitness, blurred vision, tiredness, increased muscle tension in the neck and shoulder muscles and a stiff painful neck. Keeping still feels better and is safer than movement that provokes dizziness and imbalance. People are also less likely to fall if they do not move or move slowly and as little as possible. This is a vicious cycle. The less people move, the weaker they become and the greater the likelihood of falling due to muscle weakness. Lack of movement perpetuates dizziness in most cases and causes further deterioration of balance. Even moderate dizziness can be very disabling, diminishing the individual's quality of life, employability, independence, self-confidence, self-esteem and mobility, causing social isolation, depression and economic hardship.

Vestibular rehabilitation is an exercise approach for the remediation of disequilibrium and dizziness associated with vestibular disorders such as benign paroxysmal positioning vertigo, viral neurolabyrinthitis, Menière's disease, pre/post gentamicin (chemo ablation) treatment, acoustic neuroma pre/post surgery, perilymph fistula, superior canal dehiscence, pre/post vestibular neurectomy, pre/post endolymphatic sac surgery, labyrinthine ischaemia, gait ataxia, on vestibular balance dysfunction, inner ear concussion syndrome, head and whiplash injury, differential diagnosis between cervical and vestibular vertigo, motion sickness, ototoxicity, age-related vestibular degeneration, falls, fear of falling, psychogenic vertigo, cerebellar degeneration, multiple sclerosis, Parkinson's disease, otosclerosis, cholesteatoma, post-traumatic vertigo, cerebellar infarction, and Mal de débarquement syndrome.

Vestibular rehabilitation is evidence-based and effective. It involves specific and individualised exercises to decrease dizziness and vertigo, and improve balance, gait and general fitness levels.

Early referral to a qualified Vestibular physiotherapist who has done post-graduate training in this highly specialised field of physiotherapy, is paramount to resolve dizziness and vertigo, and balance impairments. Randomised clinical trials have demonstrated that early intervention greatly reduces the potential costs of medical care related to dizziness and falling.