Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · GENERAL HEALTH

Dizziness
which kind you have decides everything

Dizziness is a word covering at least three different experiences with entirely different causes. Describing which one you have — the room spinning, feeling faint, or being unsteady on your feet — is the most useful thing you can bring to an appointment, and usually narrows it down immediately.

Call 999 if dizziness comes with

- **face droop, arm weakness or speech difficulty** — act FAST
- **double vision, difficulty swallowing or slurred speech**
- **sudden severe headache**, or the worst headache of your life
- **numbness or weakness** on one side of the body
- **chest pain, palpitations or collapse**
- **new unsteadiness with a severe headache** after a head injury

Sudden vertigo with any neurological symptom — particularly double vision, slurred speech or one-sided weakness — may be a stroke affecting the brainstem or cerebellum, which is frequently mistaken for an inner ear problem. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Which kind is it?

- **Vertigo** — a false sense of movement, usually the room spinning. Points to the inner ear or, less often, the brain.
- **Presyncope** — feeling faint, light-headed, about to black out, often with greying vision and clamminess. Points to blood pressure, heart rhythm or anaemia.
- **Disequilibrium** — unsteadiness on the feet without spinning or faintness. Points to nerves, joints, vision, medication or neurological conditions.
- **Non-specific dizziness** — a floating, foggy or detached feeling, often associated with anxiety or hyperventilation.

Vertigo — the common causes

- **BPPV** — brief, intense spinning triggered by turning over in bed, looking up or bending down. Lasts seconds to a minute. The commonest cause, and it is **cured in one appointment** with a repositioning manoeuvre.

- **Vestibular neuritis** — sudden severe vertigo lasting days, often after a viral illness, with nausea and unsteadiness but normal hearing.
- **Ménière's disease** — attacks lasting 20 minutes to hours, with hearing loss, tinnitus and a sense of fullness in one ear.
- **Vestibular migraine** — vertigo with or without headache, often light and sound sensitivity. Commonly missed.

Feeling faint — the common causes

- **Postural hypotension** — blood pressure dropping on standing. Very common, especially with age, dehydration and blood pressure medication.
- **Medicines** — antihypertensives, diuretics, antidepressants, prostate tablets, opioids.
- **Anaemia**, low blood sugar, and dehydration.
- **Heart rhythm problems** — particularly if it happens without warning, while sitting or lying, or during exertion. This combination needs prompt cardiac assessment.
- **Vasovagal** episodes — triggered by standing for a long time, heat, pain or the sight of blood.

Two questions that narrow it down fast

How long does an episode last? Seconds to a minute suggests BPPV. Minutes to hours suggests migraine or Ménière's. Days of constant vertigo suggests vestibular neuritis. Constant for weeks suggests something other than the inner ear. **And what brings it on?** Turning in bed points to BPPV; standing up points to blood pressure; nothing at all, particularly while sitting, points towards the heart.

What assessment involves

- **Lying and standing blood pressure** — simple, and frequently diagnostic
- **ECG**, particularly for faintness or if episodes occur without warning
- **Examination of the ears, eyes and balance**, including specific positional tests
- **Blood tests** — full blood count, ferritin, glucose, kidney function, thyroid
- **Medication review**, which is one of the highest-yield steps
- Imaging only where the history or examination suggests a central cause

Staying safe meanwhile

Do

- Sit or lie down immediately when it starts
- Stand up slowly, in stages, especially from bed
- Keep well hydrated and avoid long periods standing still
- Move the head deliberately rather than avoiding movement entirely
- Remove trip hazards and improve lighting at home

Avoid

- Driving until the cause is established
- Ladders, heights, swimming alone and machinery
- Prolonged bed rest with vertigo — it delays recovery
- Alcohol, which worsens balance
- Long-term vestibular sedatives such as prochlorperazine, which prevent adaptation

Why come to us. Dizziness is frequently dealt with by a prescription for prochlorperazine and no diagnosis — and for BPPV, the commonest cause, that is exactly the wrong treatment when a two-minute manoeuvre would cure it. We take a proper history, perform **lying and standing blood pressure, ECG and positional testing on site**, take bloods in-house with results the same visit, and review your medicines. ENT and cardiology are available without a referral, seven days a week.

The kind of dizziness identified, not just sedated

ECG, BP testing and bloods on site. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP Services** · **ENT (Ear, Nose & Throat)** · **Cardiology** · **Blood Tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE CKS guidance on dizziness, vertigo and blackouts. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.