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 · ENT AND NEUROLOGY

Vertigo and dizziness

the spinning kind, and what it usually means

Vertigo is the false sensation that you or the room is moving, usually spinning. It is different from light-headedness or feeling faint, and the distinction matters because the causes are entirely different. Most vertigo comes from the inner ear and is unpleasant rather than dangerous.

Call 999 if dizziness comes with

- **weakness or numbness** of the face, arm or leg, or a drooping face
- **slurred speech**, or difficulty finding or understanding words
- **double vision**, or loss of part of your vision
- **difficulty swallowing**, or a severe headache unlike any before
- **difficulty walking or severe unsteadiness** that is new
- new **deafness in one ear** alongside the vertigo

These suggest the problem is in the brain rather than the ear, and stroke can present with dizziness alone. Sudden hearing loss is itself an emergency — treated within days it often recovers, and left longer it frequently does not. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The three common patterns

- **BPPV** — brief, intense spinning lasting under a minute, triggered by rolling over in bed, looking up, or bending down. Between episodes you feel normal. This is the commonest cause by far and it is mechanical, not an infection.
- **Vestibular neuritis or labyrinthitis** — severe constant vertigo coming on over hours, often after a viral illness, with nausea and vomiting, lasting days. Labyrinthitis also affects hearing; neuritis does not.
- **Ménière's disease** — attacks lasting 20 minutes to several hours, with fluctuating hearing loss, ringing and a sense of fullness in one ear.

BPPV is treated by a manoeuvre, not by tablets

BPPV is caused by tiny crystals displaced into the wrong part of the balance organ. It is fixed by a sequence of head positions — the Epley manoeuvre — which repositions them, and it works in the large majority of people, often within one or two sessions. Anti-sickness tablets do not treat it and, taken for more than a few days, actually delay recovery by preventing the brain from adapting. If your dizziness is brief and triggered by head position, ask about being assessed and treated with a manoeuvre rather than accepting medication.

Managing an acute attack

- Lie still in a comfortable position during severe spinning, in a darkened room if light makes it worse.
- Move your head slowly and deliberately, but **do keep moving** once the worst has passed — the brain compensates through movement.
- Sip fluids regularly; vomiting and vertigo dehydrate you quickly.
- Anti-sickness medicine may be prescribed for the first few days only. Stopping it promptly matters.
- Get up slowly from lying, and use a light at night to reduce the risk of falls.

Recovery and rehabilitation

After vestibular neuritis, most people improve substantially over one to six weeks. Some are left with unsteadiness or brief dizziness on quick head turns for longer. **Vestibular rehabilitation** — a graded set of eye, head and balance exercises from a physiotherapist — speeds this up considerably and is the treatment of choice for persistent symptoms. Avoiding movement feels natural and slows recovery.

Driving

You must not drive while you are experiencing vertigo or are liable to sudden attacks of it. For recurrent or unpredictable vertigo there is a legal duty to inform the DVLA, and it is your responsibility to do so. We can advise where you stand and put it in writing if you need it for work.

Other causes worth considering

- Medicines — blood pressure tablets, antidepressants, sedatives and some antibiotics.
- Low blood pressure on standing, particularly in older people.
- Anaemia, low blood sugar, dehydration, thyroid problems.
- Anxiety and hyperventilation, which produce light-headedness rather than true spinning.
- Migraine, which can cause vertigo with little or no headache.

Book an appointment if vertigo is triggered by head position and you want it treated with a repositioning manoeuvre, if symptoms are not settling after a week or two, if there is any hearing change, or if you need vestibular rehabilitation. Our ENT and physiotherapy teams see patients seven days a week.

Epley manoeuvre and balance rehab

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

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
Open 7 days, 9am–7pm

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: **ENT clinic** · **Physiotherapy** · **Neurology** · **All patient leaflets**

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This leaflet is based on current NHS and NICE guidance on vertigo, BPPV and vestibular disorders. 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.