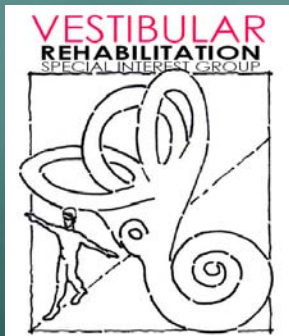


FACT SHEET



Benign Paroxysmal Positional Vertigo— Why me?

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If you have been diagnosed with Benign Paroxysmal Positional Vertigo (BPPV) you may have questions like “Why did it happen to me?” or “Will ever come back?”

BPPV is a very common form of dizziness, affecting at least 9 out of every 100 older adults so you aren’t alone. But what causes the problem? How did those “rocks” or calcium crystals get into your inner ear in the first place?

As you might have learned, a layer of calcium carbonate material is naturally located in one part of the inner ear. BPPV occurs when pieces of this material, or calcium crystals, break free and fall into another area within the balance canals. When this happens, normal movements, such as moving in bed, result in dizziness or spinning as those crystals move around with you.

The crystals or particles break loose for one of many reasons. BPPV may occur following an inner ear infection or a fever. A concussion, whiplash or blow to the head may also break the crystals free. BPPV can also occur along with other diagnoses of the inner ear, such as Meniere’s disease or migraines. Other times it has no known cause and is perhaps just a “normal” part of aging. It has been suggested that BPPV may run in families. The important thing is, no matter what the cause, BPPV is treatable.

Although the treatment for BPPV is very effective, it does return or recur in about 15 of every 100 persons each year. Some people even report that their symptoms recur predictably, perhaps seasonally or with changes in the weather. Within three years, it is estimated that roughly 50 percent of persons may experience a recurrence of their BPPV symptoms. If you have had a head injury and it caused your BPPV, then your risk of it returning is even greater.

Can you prevent BPPV from happening again? Since we do not know the exact cause of BPPV, it is also not possible to know how to prevent it. Often people ask if there is a simple medication to prevent BPPV. Unfortunately medication has not been proven effective, but rather can cause more harm than benefit. So, expect that your BPPV will return, but know that you can recognize the symptoms and the appropriate steps to keep yourself safe and get help for the problem quickly!

If your physician or another healthcare provider has questions about BPPV, the best resources you can share with them are the new medical guidelines that are listed below^{1, 2}:

1. Bhattacharyya N , Baugh RF, Orvidas L BD, Bronston LJ, Cass S,Chalian AA,Desmond AL ,Earll JM , Fife TD, Fuller DC,Judge JO ,Mann NR ,Rosenfeld RM ,Schuring LT, Steiner RW,Whitney SL ,Haidari J, American Academy of Otolaryngology-Head and Neck Surgery Foundation ., Clinical practice guideline: benign paroxysmal positional vertigo. *Otolaryngol Head Neck Surg* 2008;139:S47-81.

2. Fife TD, Iverson DJ, Lempert T, et al. Practice parameter: therapies for benign paroxysmal positional vertigo (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* 2008;70:2067-74.



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