Psychological Factors in Patients with Dizziness: *Concepts, Detection and Treatment*

Elizabeth Grace, PT, MS, NCS
VR SIG Newsletter Co-Editor

At CSM 2009 in Las Vegas, Jeffrey Staab, MD, MS and Elizabeth Grace, PT, MS, NCS presented programming on psychological factors in patients with dizziness. Dr. Staab is a psychiatrist at the Mayo Clinic in Rochester, MN who specializes in the treatment of patients with dizziness and psychiatric co-morbidity. Elizabeth Grace is a vestibular rehabilitation specialist who works at Good Shepherd Penn Partners in Philadelphia, PA and works extensively with this population.

Recent research has explored the relationship between symptoms of dizziness and imbalance and the effect of psychological factors such as anxiety disorders. In the early 2000s, Dr. Staab and his colleague at the University of Pennsylvania, Michael Ruckenstein, MD, began exploring this connection between anxiety and dizziness and introduced a syndrome they called **Chronic Subjective Dizziness**. Continued research in this area has demonstrated that 60% of patients diagnosed with Chronic Subjective Dizziness had anxiety that contributed to their chronic symptoms of dizziness.

So, how do you define Chronic Subjective Dizziness (CSD)? Patients with CSD often have a normal physical exam and imaging studies, although the exam may provoke symptoms, but not signs of vestibular dysfunction. In one's assessment of a patient, you can just ***listen*** for signs of behavioral morbidity, such as excessive avoidance behaviors and worrying. Behavioral morbidity is found in community settings at a frequency of 10-25% and in tertiary care settings 25-50%.

Key observations made in patients with CSD are:

- Persistent dizziness
- Vague description of 'dizziness'
- Hypersensitivity to self motion and visual movement/motion
- ***Perception*** of significant imbalance
- Provocation with visual challenges
- *Clinical impression of anxious temperament*

Psychological questionnaires that clinicians can use to assess this behavioral morbidity include the *Hospital Anxiety and Depression Scale (HADS), Patient Health Questionnaire (PHQ-9), and the Generalized Anxiety Disorder Scale (GAD-7)*. Recent studies support three interventions for patients with psychological problems and dizziness:

1. Newer classes of antidepressant medications (SSRIs and SSNIs)
2. Vestibular and balance rehabilitation therapy
3. Cognitive-behavioral psychotherapy

The most significant difference in vestibular rehab of patients with CSD is that the progression of rehabilitation **MUST** be slower than with typical vestibular patients. If you overstimulate these patients, their symptoms may worsen; they will ***not*** be compliant and will likely not return to therapy.

Additional key features of treatment with this population include:

- **Desensitization**/Behavioral habituation
    - NOT just compensation

- Reduce physical and psychological symptoms
- Extensive patient education
- SLOW, persistent approach to rehab
- Creativity in treatment

Additional resources on this topic for therapists and patients include:

- Staab, JP. Psychiatric origins of dizziness and vertigo. In: Jacobson GP, Shepard NT, eds., Balance Function Assessment and Management, 2008.
- Staab JP, Ruckenstein MJ. Expanding the differential diagnosis of chronic dizziness. Arch Otolaryngol Head Neck Surg. 2007; 133: 170-6.
- Ruckenstein MJ, Staab JP. Chronic Subjective Dizziness. Otolaryngol Clic N Am, 42 (2009) 71-77.
- Staab JP. Mastering Dizziness, Maintaining Balance. In: Dennis Poe, editor, Consumer Handbook on Dizziness and Vertigo.