



## TREATING BENIGN PAROXYSMAL POSITIONAL VERTIGO

This fact sheet is intended to help you understand which treatments are most effective for benign paroxysmal positional vertigo (BPPV).

Neurologists from the American Academy of Neurology are doctors who identify and treat diseases of the brain and nervous system. The following evidence-based information\* is provided by experts who carefully reviewed all available scientific studies on treating BPPV.

### What is benign paroxysmal positional vertigo?

BPPV is a common cause of dizziness. The dizziness experienced is typically a feeling of spinning or whirling after you move your head in certain ways. It can happen when turning in bed, looking up or bending. The spinning (vertigo) usually lasts less than 30 seconds and may be severe.

BPPV is an inner ear problem. It usually affects the part of the inner ear called the posterior semicircular canal, which is a sensing tube. It is believed to be caused by loose calcium carbonate crystals. These crystals move in the sensing tubes of the inner ear. When the head is moved in certain ways, the crystals move and trigger the inner ear sensors to fire. This leads to a brief but often strong sensation of spinning.

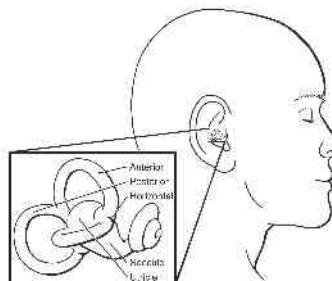
A doctor or therapist can perform a series of treatment maneuvers. These are a series of head and body movements. The maneuvers move the calcium crystals out of the sensing tube (where they do not belong). The crystals move into another inner chamber. There they can be absorbed. These maneuvers are now well-established as effective for the most common type of BPPV. This summary looks at which maneuvers are most effective.

### How should posterior BPPV be treated?

One maneuver is called canalith repositioning procedure (CRP), or the Epley maneuver. There is strong evidence that CRP is safe and effective for people of all ages. There is some evidence that the Semont maneuver is also an effective treatment.

### What about treatment of horizontal or anterior canal BPPV?

The crystals can also be in the horizontal or anterior canal of the inner ear. There is not yet enough evidence to recommend a specific maneuver for horizontal or anterior canal BPPV.



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**Figure 1.** The inner ear balance (vestibular) structures showing the anterior, posterior and horizontal canals. Each canal may be affected by BPPV, but usually it affects the posterior canal.

### Can I perform these maneuvers by myself and feel better?

There is not enough evidence to determine whether people who treat themselves with the maneuvers at home respond as well as when it is done by a doctor or therapist. However, there appears to be little harm in trying this kind of self-treatment. Patients should expect that the initial steps will trigger their vertigo.

### Is there a website or video available where I can see demonstrations of these maneuvers?

Yes. Videos of these maneuvers are available at [www.aan.com/guidelines](http://www.aan.com/guidelines) for free.

### **Do I need to restrict my activities after CRP?**

Some restrictions have included not sleeping on the affected side, wearing a cervical collar on the neck, or sleeping upright. There is not enough evidence to indicate these measures are needed after CRP.

### **A medical professional told me to wait and see if my vertigo goes away. Is this right?**

If the cause of your dizziness is BPPV, there is no need to wait. The maneuvers can be performed right away.

### **Can I take medication to treat BPPV?**

There is not enough evidence to support taking any medication as the main treatment of BPPV.

### **Does surgery work for BPPV?**

Rarely, surgery can be considered for those who do not improve with positioning treatments. However, there is limited evidence to prove the effectiveness of surgical treatments for BPPV.

\*After the experts review all of the published research studies, they describe the strength of the evidence supporting each recommendation:

*Strong* evidence = more than one high-quality scientific study

*Good* evidence = at least one high-quality scientific study or two or more studies of a lesser quality

*Weak* evidence = the studies, while supportive, are weak in design or strength of the findings

*Not enough* evidence = either different studies have come to conflicting results or there are no studies of reasonable quality

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