# South West London Dizziness Pathway

Version1. Review date February 2027

**Initial Assessment**

**History:** Vertigo: room or head spinning/ unsteadiness/ lightheadedness/ non-specific, single or recurrent episodes, Positional triggers, Duration, relevant past-history (previous vertigo/ migraine/ vascular risk factors etc), review current medications
**General examination:** To include as appropriate CVS (pulse, BP, heart sounds) and neurological examination
**Focused exam:** HINTS plus (Head impulse test, nystagmus type, test of skew, plus hearing ) Cranial nerves/ weakness/ sensory deficit / cerebellar signs, Otoscopy, Gait assessment, Positional maneuver (Diagnostic - Modified Hallpike*)
**Investigations to consider:** Check blood glucose, postural BP, *Bloods (anemia), ECG*

*Link to Dizziness management training:* https://youtu.be/RXtqkltQvKo

**NICE guidance supports referral if the GP do not have the necessary skills to perform these manoeuvers*

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| **Symptoms/ Examination** | Brief secs to mins of positionally triggered vertigo (looking up, down or turning over in bed) +/- associated nausea/ unsteadiness, Up-beating and torsional nystagmus on positional testing with brief latency lasting seconds | Prolonged vertigo +/- nausea, vomiting, unsteadiness Head impulse test positive- Unidirectional nystagmus | At least five episodes of vestibular symptoms lasting 5 mins – 72 hours. At least half of vestibular symptoms associated with migrainous features | Light-headed, faint sensation, postural orthostatic symptoms Fall in systolic blood pressure of at least 20 mmHg and/or a fall in diastolic blood pressure of at least 10 mmHg within 3 minutes of standing. | Vertigo, Fluctuating hearing loss, tinnitus and aural fullness in affected ear Episodes lasting 20 mins to hours |
| **Likely Diagnosis** | **BPPV : Benign Paroxysmal Positional Vertigo** | **Vestibular neuritis** | **Probable Vestibular migraine** | **Postural Hypotension** | **Possible Meniere's Disease** |
| **Treatment** | **Repositioning manoeuvre** Semont/ Epley (link to videos) If no improvement – Refer to local audiovestibular service/ENT | **Antiemetics** (Prochlorperazine for 1 week) If no improvement in 1 week Refer to local audio vestibular service/ENT | Based on frequency per month; also for lifestyle advice If no improvement-refer to local Neurology services ***Please refer to SWL migraine guidelines*** | Conservative approach, review medications and lifestyle measures if no improvement- refer to local Cardiology services per existing pathways | Trial Betahistine short course or Prochloperazine for acute episode. Lifestyle modification If no improvement-Refer to local ENT/ Audiology services |

**Red Flags**

**Cardiac: Refer to cardiology per existing pathways**
Any associated cardiorespiratory symptoms (eg chest pain or difficulty breathing)
Cardiac Arrhythmias
Structural Heart Disease
- Abnormal ECG
- Family history of sudden death
- Known structural heart disease
- Known coronary vascular disease
- Blackouts
- Dizziness/syncope whilst seated or during exercise

**Neurology: One or more of the below refer urgently to the stroke team**
Acute continuous vertigo plus
- New headache
- Raised intracranial pressure symptoms
- Severe headache or neck pain
- Unable to stand or sit-up unaided
- Focal weakness or paresthesia of face or limbs
- 5 D's : dysarthria, dysphonia, diplopia, dysphagia, dysmetria
- Central type nystagmus ie vertical /multidirectional type
- Atypical response to positional manoeuvre (Hallpike)
- Deafness + cerebellar signs
- Recent trauma

**ENT: Refer urgently to ENT**
- Sudden onset deafness