

Could you have a vestibular disorder?

Experiencing dizziness or vertigo regularly? This could mean that you have a vestibular disorder. **Margaret Hawkins** talks to a Cork-based physiotherapist about such disorders

margarethawkins@eircom.net

Have you had bouts of vertigo in the past but are still experiencing low-grade dizziness since? Are you feeling a bit unsteady or uncertain when using an escalator, for example, or when walking on uneven surfaces or in the dark?

It could be that you have a vestibular system disorder.

The vestibular system includes the part of the inner ear and brain that process sensory information, detecting movement of the head and helping to control balance.

Vestibular disorders can, therefore, affect your balance and lead to disabling symptoms like vertigo (room spinning sensation), dizziness and difficulty concentrating.

Physiotherapists are now coming to the fore in the treatment of such disorders by a type of therapy known as VRT (vestibular rehabilitation therapy).

Chartered physiotherapist Sheila Barrett, based in Middleton, Co Cork, has made VRT her specialty after training in Emory University, Atlanta. Working closely with VEDA, the Vestibular Disorders Association of America, she sees many patients with long histories of vertigo.

"Many people don't realise that vertigo is a symptom, not a diagnosis," she says.



Vertigo is a symptom, not a diagnosis ... that's why many people with a vestibular disorder can go undiagnosed for many years

Chartered physiotherapist Sheila Barrett carrying out functional vestibular testing.



"It's like being told you have back pain but not being told the cause of the pain. That's why many people with a vestibular disorder can go undiagnosed for many years, incorrectly thinking they have to live with it."

These life-altering symptoms can deeply inhibit a person's ability to perform basic day-to-day tasks, she believes.

"They are further compounded by their invisibility to others, making it difficult to understand that a person with a vestibular dysfunction is profoundly struggling to remain orientated and functional.

"They can end up on a downward

spiral, trying to remain living independently but losing confidence because they are afraid of falling. Others are unable to work or socialise or function to any degree of normality."

Because of lack of awareness and lack of management of the disorders, people often, unnecessarily, don't make a complete recovery, she says.

"They also don't realise that the less they move about, the worse they get – so, it becomes a vicious cycle that leads to that downward spiral."

Early treatment for these disorders can mean getting back to a fully active life, she states.

"With proper assessment of their

vestibular system to identify the exact source of the problem and specific eye and head movement exercises or manoeuvres done during a treatment session, the problem can be alleviated.

"By intervening, some conditions resolve immediately and others within weeks, allowing patients to get back to a fully active and normal life."

"It's not like a person with a back or neck problem who needs repeated physio," she adds.

"With vestibular disorders, there is very little intervention and the recovery rate is high."

Treating people effectively for vestibular disorders eases financial

WORDS OF LIFE

Repent ye therefore, and be converted, that your sins may be blotted out, when times of refreshing shall come from the presence of the Lord.

Acts ch. 3 v 19.

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VESTIBULAR REHABILITATION

Vestibular rehabilitation is not new, according to physiotherapy lecturer, Dr Dara Meldrum.

"The Irish Society of Chartered Physiotherapists is in support of vestibular rehabilitation as it is a specialised form of physiotherapy and scientifically based. It was developed in the 1940s by ear, nose and throat surgeon and physiotherapist team, Cawthorne and Cooksey.

Cawthorne noticed that patients who had inner-ear surgery and who stayed in bed and didn't move as much, didn't do as well as those who moved more. So, he recruited in a physiotherapist to design exercises that got people moving their head, eyes and body and they found that patients did very well after that.

"This seemed to go out of vogue then but vestibular rehabilitation has emerged as a specialty in the last 25 years, driven



mostly by the US and by Susan Herdman, a well-known physiotherapist who has written books about the topic."

Dr Meldrum introduced it to Beaumont hospital in the 1990s and runs in-service training courses on the

Solid citizens and unlikely sex symbols



With her daughter on a bit of a health buzz and wary of getting too “matronly”, The Irish Mammy decides to lend some moral support and break out the runners

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WE both said we’d do it – myself and Deirdre – the 5k walk up at the park last Saturday week. It was Deirdre’s idea really. She saw some photo of her at the office party and she wasn’t a bit happy about it.

“That’s it, Mam. I’m going to have to do something. I’m turning very ‘matronly’, as you might say. And I’m too young for that. No offence, Mam, it’s grand at your age – but not yet for me.”

I didn’t bother taking offence. Deirdre wouldn’t be one to mince her words. And I’m grand the way I am. But she’s a bit insecure these days.

“I’m losing touch with my body, Mam,” she says. “Ah, you know the way ... after the children. And feckin’ Conor hasn’t changed a bit. Not a grey hair in sight, only the red curls – still looks like a minor hurler. Not that I’d be worried about him but there’s wans around here couldn’t wait to get their claws into a fella like that.”

I thought to myself that Deirdre might be worrying unnecessarily. Conor Halligan would be known as solid but I don’t think he’d be classed as a sex symbol. And also I’m not sure what wans are floating around Kilsudgeon. Maybe they’re in one of the new estates. I can’t keep track of who lives in there at all.

I’d be fairly secure with Denis anyway. He shows no signs of wander-



Some little slip of a producer said I wasn’t the right fit. Shur none of us are – that’s why we are in there. Because we can’t fit into anything

ing – “I wouldn’t even know how to go about having an affair, Ann,” he says – but I thought I’d join in with Deirdre to give her the bit of moral support.

I can tell Jennifer that I’m working on my “negative nodes”. She’ll want a progress report after she gave me that auld Max Beauchamps book (*Row Back Time – How Rowing Up the Andes Made Me Younger and it Can Help You Too*) for Christmas. I’m not going to read that – I still have last year’s mindfulness book to get through. All of these self-help books are giving me a headache.

There was a good turnout at the park because Kilsudgeon has a branch of *Operation Transformation* since last year. The town’s been mad for it after Yvonne Casey nearly got all the way to the telly stage of it. She went for the auditions but didn’t get picked as a leader and she was fierce bitter.

“It’s all pull with these things, Ann. Some little slip of a thing of a producer says to me: ‘I wasn’t the right fit.’ Shur none of us are the right fit – that’s why we are in there. Because we can’t fit into anything. I think it was because I didn’t cry. I wanted to. They were saying: ‘Is there any reason why you started overeating. Any trauma?’ And like ... I was thinking about Mam’s funeral in ‘09 but ... I always liked my food anyway.”

“It’s probably since I started working on the deli counter in Jackie’s. But it’s not like they’re going to give you a new job. Kathryn Thomas isn’t going to bring you up to Google and tell them to sign you up to take you away from the wedges.”

We were up there a bit early so we must have been spotted easily because up comes Nuala Costigan, ready for talk.

“You’re blowing away the cobwebs are you, Ann? I thought I’d come up to get a bit of fresh air. Of course, I’ve done my morning run already so I thought I’d catch this on the way home.”

I wish she’d catch something else. “I believe you had a good Christmas, did you? Was Jennifer’s young man there, Mr Motivator? Is that what they’re calling him? Isn’t it lovely that Jennifer found someone?”

“And Deirdre, how’s Conor? I saw him driving the other day. I must say he isn’t getting a day older. He’s still so boyish. Tell him I was asking for him.” And then she was gone.

“Poor Conor,” I said. “He has Nuala Costigan to worry about now as well. It’ll put years on him.”

“Hopefully,” says Deirdre.

pressure on the State also as less people end up taking sick leave, giving up work or being hospitalised because of dizziness, she says.

“In international research, dizziness has been shown to be the number one reason people go to emergency departments. One in three people over the age of 40 and 80% of those over 65 would experience these dizziness symptoms at some point in their lives.

“Vestibular dysfunction also significantly increases the likelihood of falls, which are among the most morbid and costly health conditions affecting the elderly.”

HOW AN ASSESSMENT IS DONE

Our balance is a complex interaction between three systems – the vestibular system, vision and proprioception (touch sensors in the feet, trunk and spine).

An FVT (functional vestibular testing) system is used to assess the person’s vestibular system and determine their specific problem after a medical history is taken.

Because the vestibular and visual systems are connected, the patient wears infrared goggles linked up to a computer for the period of the assessment.

“A video is taken of the person’s eye movements, which objectively identifies which parts of the vestibular system are functioning normally and which are not.

“If nystagmus (involuntary rapid and repetitive movement of the eyes) is present, its direction allows us to accurately determine the source of the problem.”

CAUSES OF VESTIBULAR DISORDERS

But what causes vestibular problems?

“Ear infections, ageing, head trauma (car accident, falls, impact sports, brain injuries), disease, medication – those are the main causes. However, this cause may not always be known at the time.”

The most common vestibular disorder that Sheila treats is BBPV (benign paroxysmal positional vertigo).

“This is a mechanical problem in the ear and occurs when otoconia (tiny crystals of calcium carbonate) that are normally embedded in the gel in the utricle, become dislodged. These then migrate into one or more of the three semi-circular canals in the ear.

“When the head moves, the otoconia shift, sending false signals to the

brain, creating a sense of vertigo.”

The vertigo sensation can be triggered by rolling over in bed, getting in and out of bed, bending over or quick head movements, and usually lasts less than a minute.

The sensation can range from being mildly annoying to being a highly debilitating condition that can affect function, safety and fall risk.

“People could be fine all day long but when they bend down they get vertigo. That’s because the little gravelly rocks (otoconia) dislodged in the inner ear are rolling round in the wrong place. By laying the patient down in different positions, while they wear infrared goggles, we can identify which ear and which one of the semi-circular canals in each ear is affected by analysing the nystagmus provoked.”

The manoeuvres to correct this particular disorder take about a minute and a half to do, she says.

“The particles are located and on reassessment 95% of people are cured after one manoeuvre. Patients are also advised about how to minimise recurrence.”

HERPES COLD VIRUS CAN CAUSE INNER EAR PROBLEMS

Disorders like vestibular neuritis and labyrinthitis can also occur.

These are inner-ear disorders in which a nerve that detects head movement becomes inflamed, usually triggered by a cold or flu. Temporary hearing loss can occur in labyrinthitis.

“Some people find they get these kinds of problems when they have a cold, are overtired or stressed. That’s because they activate the herpes virus which remains dormant along their vestibular nerve.”

Vestibular neuritis is the second most common cause of vertigo and it is a condition that can be 100% improved in younger patients, she states.

“If a patient has persisting dizziness following a vestibular neuritis, they would be guided to do some simple head and eye movements which recalibrate the system.

“They would carry out a progressive home exercise programme (vestibular rehabilitation exercises) for a few weeks and then they’re back to normal.”

Acute vestibular conditions, especially if accompanied by nausea, may need medication for the first few days only, but their use should be limited as they dampen down the vestibular system and so delay recovery.” **CL**

topic for chartered physiotherapists from the Royal College of Surgeon’s School of Physiotherapy.

“All the big hospitals do it now and we’re teaching it at undergraduate level also so it’s a growing area.”

REFERRAL NEEDED OR NOT?

You can simply make an appointment with a physiotherapist if you feel that you have a vertigo or balance problem, but seeing

your GP initially if you experience dizziness is advised.

“The GP should be the first port of call as dizziness can be the result of low blood pressure too,” says Dr Meldrum. “Your GP will take a history and work through the diagnosis. They would usually refer you to an ENT surgeon or neurologist who would decide if physiotherapy was indicated but you can visit a physiotherapist as well, who can refer you to a GP or consultant.”