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From Vestibular Patient to Vestibular Audiologist

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Michael Vekasi, AuD, R.Aud, Aud(C), FAAA

In this edition of "Striking the Right Balance," Michael Vekasi, audiologist with the Alberta Health Services at the Glenrose Rehabilitation Hospital in Edmonton, Alberta talks about his own personal experiences with getting vestibular testing done set him on a new career path.

If you would like to be more involved in all things vestibular, please sign up for the Vestibular Special Interest Group. Sign up by simply emailing JanineAllison.Verge@nshealth.ca to let us know you want to be a part. Also, check out our FaceBook page for a free list of on-line vestibular resources at the CAA National Vestibular Special Interest Group page.

It was early one fall when I attended a meeting at work and something did not feel right. Part way through the meeting, I began feeling "dizzy" – not true vertigo, but a sensation of lightheadedness, followed by profuse sweating and a rapid heart rate. I went back to my office and decided that it was best if I went home, thinking that I was coming down with a flu bug (working at a hospital, there is never a shortage of germs going around). That evening I felt weak, had a fever, and sporadic moments of lightheadedness. The next morning I woke up and while traveling to work I got another intense sensation of lightheadedness, elevated heart rate and sweating. Initially I ignored this, but a few days later I came down with symptoms of a bad sinus infection, and I started to feel imbalance. I went to a walk-in clinic and was given a prescription for a very strong antibiotic, not something typically prescribed for a sinus infection. I felt great while on antibiotics, but looking back that was likely just a placebo effect. Skipping forward a month or so, I made an appointment with my now family doctor who noted some fluid behind my eardrums. Since my symptoms of sinus infection had returned she treated me with a second course of antibiotics (this time the typical amoxicillin) with nasal steroid and sent me for a plain film sinus radiograph. Again I felt great on the antibiotics, and the radiograph came back normal – but I still had feelings of imbalance, an elevated heart rate, and a constant feeling of pre-syncope while standing and moving. Skip ahead 9-months, numerous blood tests, radiographs, an MRI of the IAC, ECG, holter monitor, echocardiogram, audiogram, videonystagmography, and referrals or consultations with otolaryngology, psychiatry, and internal medicine later (and no change in my symptoms) – every inner ear pathology and other life-threatening illness was ruled out. Finally, I was given a diagnosis of anticipatory anxiety/panic disorder with agoraphobia – and I quickly started treatment: cognitive behavioural therapy (CBT) under a general anxiety/panic protocol, and a serotonin-norepinephrine reuptake inhibitor (SNRI). Within 6-months, a sense or feeling of "normalcy" had returned and I felt like I had my life back – something I was not sure would ever happen about 12-months earlier.

To have a vestibular disorder (even one not caused by a true inner ear pathology) can be absolutely debilitating. There were days where going to work was not an option; getting between the couch

and the bathroom was beyond challenging. Fortunately, I had a very understanding boss, and arrangements were made to allow me to work from home on days where I could not make it in to the office. Going to busy public spaces was not an option, and activities of daily living became such a chore that I had to enlist the help of my family and friends – getting so bad for a period of time that I moved back in with my parents temporarily.

One memory that remains etched in my brain was the vestibular testing, the videonystagmography (VNG). I arrived at the audiology department in a local hospital and began completing an in-depth history and questionnaire. I was called into a dark room where I sat in a chair and was given a pair of goggles to wear. I followed all of the instructions, being guided through ocular-motor, Dix-Hallpike, and positional subtests of the VNG. Then it was time for calorics – I had water irrigated into both ears, and was asked to list off different fruits and vegetables. Shortly after the water stopped flowing I began to experience the sensation of true rotary vertigo – it was wild, and I likened it to floating or being elevated to the ceiling of the room I was in, attached to the rotors of a helicopter, going around and around at a very fast pace. Then I saw the red light, starring really hardly at the red light, slowly feeling like I was sitting in the chair again. During that exact moment, I knew that I was interested in audiology; more fascinated by what was happening, that I am not sure if I was following instructions anymore. This test had peaked my curiosity, and I was determined to know how water in my ears could make me feel such an intense sensation. Fortunately for me, my symptoms were not true vertigo, so this intense sensation during calorics did not have an adverse effect on me. And for anyone reading this with knowledge of chronic subjective dizziness, it should not come as too much of a surprise that all of my VNG results were normal.

Fast-forward six years, including three years of graduate school condensed into two, and I am now performing VNGs and other vestibular diagnostic examinations on a daily basis as a registered audiologist at a local rehabilitation hospital. Having experienced a series of “vestibular” crises and the vestibular testing myself, I find that I have a unique level of empathy or compassion for the dizzy patients that I see on my caseload. Being able to understand what they may be going through, and what the testing feels like, enables me to build a strong rapport with them.

Vestibular audiology is a very unique area of audiology that most of us do not think about during our daily duties of hearing tests and amplification work. It is a face-paced and sometimes intense environment to work in, but every patient is somewhat different, and helping to figure out what is going on with him or her is very rewarding. There are many areas of ongoing research in vestibular sciences and disorders, with some of the most current testing methods being discovered only in the last couple of decades. It is a subspecialty within audiology (a fairly young profession) with great potential, and I am so privileged to be able to practice in this area that I am so passionate about. The downside to vestibular audiology is that we do not receive much education on it at graduate schools in Canada – ranging from a couple of lectures, to a full course; neither of which is enough to become proficient in vestibular diagnostics or treatments. Interested students should investigate what additional educational opportunities are available in vestibular diagnostics and treatment, and should seek clinical placements at facilities that routinely perform vestibular evaluations. I am very fortunate to have experienced chronic subjective dizziness; altering my previous career pathway, and providing the starting point needed to become a vestibular audiologist.