

What Do You Mean When You Say Dizzy? Part IV

Published July 8th, 2014

Precipitating, Exacerbating, or Relieving Factors (Triggers)

Symptoms that are brought on or increased by a change in head position, or with eyes closed, suggest peripheral disease. Symptoms noticed only while standing, but never when sitting or lying, suggest vascular or orthopedic disease. Symptoms that are constant and are unaffected by position change are suggestive of central or psychiatric pathology.

To aid in differential diagnosis in a patient complaining of vertigo or dizziness, I developed a brief guideline based on typical duration (timing) and precipitating, exacerbating factors (triggers) for the most common causes of these complaints.

Pathology	Timing	Triggers
BPPV Transient vertigo	Less than one minute	Change in head position relative to gravity (e.g. tilting, lying down)
Orthostatic Hypotension	Less than one minute	Rising from sitting or supine
Meniere's disease (vertigo, unilateral tinnitus)	Hours	Salt, caffeine, tobacco, stress, alcohol
Vestibular Migraine (vertigo, motion intolerance)	Hours	Chocolate, cheese, red wine, hormonal changes, stress, bright/flickering light, atmospheric pressure change, disruption of sleep pattern, caffeine withdrawal
Vestibular neuritis/ Labyrinthitis (prolonged vertigo)	Hours to days with gradual decrease	Prior viral symptoms, idiopathic
Cerebellar Stroke (Ataxia, vertigo)	Sudden onset persistent symptoms	Stroke risk factors
Anxiety/Hyperventilation (lightheaded, parasthesias)	Varies	Situational

