

## What Do You Mean When You Say Dizzy? Part VIII

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### **MOTT (MOST OF THE TIME) LIST**

(General rules to aid in the dizziness diagnosis)

- A complaint of Vertigo MOTT indicates a peripheral vestibular asymmetry, but can mean Migraine or Infarct.
- A complaint of Lightheadedness, Faintness MOTT is not vestibular.
- Vertigo, of less than 1 minute duration when lying down or tilting head MOTT indicates BPPV.
- Pre-syncope and/or transient loss of balance, of less than one minute after rising MOTT indicates Orthostatic Hypotension.
- Symptoms lasting minutes to hours MOTT indicates vestibular or vascular etiology.
- Vertigo lasting hours with gradual decrease MOTT indicates unilateral vestibular pathology.
- Vertigo lasting for 48 hours or more with no improvement MOTT indicates CNS or psychiatric etiology.
- Symptoms that increase with eyes closed or with a change in head position MOTT indicates vestibular etiology.
- Symptoms noted only while standing MOTT are related to vascular or orthopedic disease.
- Associated symptoms such as unilateral tinnitus and/or hearing loss, particularly at the time of the dizziness, MOTT indicates vestibular etiology.
- Symptoms such as syncope, numbness, tingling, confusion, slurred speech MOTT indicate CNS disease.
- Nystagmus that are conjugate, diminish with visual fixation, and/or are direction fixed MOTT are of peripheral vestibular origin.
- Nystagmus that are vertical, disconjugate or direction changing without change in head position are MOTT due to CNS disease.
- Nystagmus that increase when gaze is directed toward the fast phase, and decrease when gaze is directed toward the slow phase are MOTT a sign of acute peripheral vestibular asymmetry.