Editorial

"An approach to the dizzy patient": Revisited

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It has been estimated that from 2001–2004, approximately 69 million Americans had vestibular dysfunction (Agrawal et al, 2009) and this dysfunction placed these patients at an increased risk of falling. Further, it has been estimated that there are only 500 or so neurotologists and approximately 50 otoneurologists in the United States to assess and manage these patients.

These data suggest that almost all of the patients who present to medical professionals are evaluated and managed by primary care providers, nurse practitioners, emergency room physicians, and general otolaryngologists. These medical/surgical professionals must possess a wide range of understanding of the anatomy and neurophysiology of the normally and abnormally functioning vestibular and balance systems. Providers with a rudimentary understanding are limited in their diagnostic choices to those that are the most commonly taught in medical school or encountered in their residencies, such as Meniere's syndrome and positional vertigo.

The article in this issue by Rodriguez and colleagues examines the merits of assessing dizzy patients using an "interprofessional" (multidisciplinary) team. In their report, the team that evaluated the patients consisted of an otolaryngologist, a neurologist, a primary care physician, an audiologist, a physical therapist, and a pharmacist. They examined a number of variables in the two years prior to the implementation of the multidisciplinary team compared to their experience one year after the inception of the team.

Among their many findings, the authors report that there was a greater range of diagnoses following the creation of the multidisciplinary clinic. Some of these diagnoses were non-otologic (e.g. anxiety-related dizziness). Further, patients sometimes received multiple diagnoses (e.g., benign paroxysmal positional vertigo that also produce an anxiety-related dizziness) that did not occur before. The authors report that many of the patients evaluated in the multidisciplinary clinic were referred back to the primary care doctors instead of to ear, nose, and throat specialists for management of diseases and disorders that are commonly treated by gate keepers.

Of course, the assessment of dizzy patients using a multidisciplinary approach is not a novel idea. The creation of such a clinic was described in 1972 in a landmark paper entitled, "An approach to the dizzy patient" that was authored by Dr. David Drachman, a neurologist, and Dr. Cecil Hart, an otologist. In that paper and employing a multidisciplinary clinic, the authors reported their belief that roughly 32% of the patients presenting to their clinic had a dizziness that was nonotologic in origin (e.g., psychiatric and hyperventilation syndrome origins).

It is worth mentioning that fairly recently, the Washington University group headed by Drs. Zhao and Piccirillo (2011) developed a questionnaire and an algorithm to assist medical providers in the identification of the four most common dizziness diseases and disorders. The investigators reported that, using their device, they were successful in the identification of migrainous vertigo 92% of the time, Meniere's syndrome 86% of the time, BPPV 90% of the time, and vestibular neuritis 62% of the time.

Gary P. Jacobson, Ph.D.
Editor-in-chief

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