

“Do try this at home”

Self-treatment of BPPV

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Benign paroxysmal positional vertigo (BPPV) has been a recognized clinical entity since the early 1900s and is probably the most common cause of episodic vertigo with a population incidence of ~64 per 100,000 persons.¹ BPPV is characterized by episodes of vertigo lasting about 5 to 30 seconds provoked by changes in head position with respect to gravity, such as rolling over in bed or looking up at a high shelf. BPPV is easily diagnosed using the Dix-Hallpike maneuver, which elicits a vertical-torsional nystagmus highly characteristic of this disorder.²

Before 1980, patients with BPPV were treated with vestibular suppressant medications and were advised to avoid the symptom-producing positions until they achieved a spontaneous remission, which typically required several months. With the development of the Brandt-Daroff exercises, patients subsequently were advised to perform physical maneuvers at home to relieve their symptoms.³ The Brandt-Daroff exercises led to a resolution of symptoms in 10 to 14 days in most patients. A disadvantage of the Brandt-Daroff exercises is the need to induce vertigo repeatedly on a daily basis for 1 or more weeks.

It is now widely accepted that BPPV is caused by loose particles derived from the utricular macula that are free-floating in the long arm of the posterior semicircular canal.⁴ The recognition of this pathophysiology led to the development of office treatments specifically designed to reposition the displaced otoconia back into the vestibule of the vestibular labyrinth. Two such maneuvers are currently well established: the Epley procedure⁵ and the Semont maneuver.⁶ These treatment modalities, when administered by a trained professional, have been shown to be highly efficacious with success rates of ~75% overall at 1 week.^{5,7} Most patients are cured with a single office treatment.

Recent articles by Radtke et al. in *Neurology*, one in 1999⁸ and another in this issue,⁹ suggest that the management of BPPV has been moving, in part, away from treatment by health care professionals in

the office and back into the home via self-treatment with either a modified Epley procedure^{8,9} or a modified Semont maneuver.⁹ Radtke et al. have previously reported that self-treatment with a modified Epley procedure is superior to Brandt-Daroff exercises⁸ and in this issue report that self-treatment with a modified Epley procedure is superior to self-treatment with a modified Semont maneuver.⁹

Management of BPPV in the office setting is reasonably effective, reduces the likelihood that a “non-benign” central disorder is mistakenly treated by particle repositioning, and allows recognition and management of occasional treatment complications caused by repositioning particles into the horizontal semicircular canal.

What then is the role, if any, for self-treatment of BPPV? Radtke et al.⁹ point out that self-treatment for BPPV should be considered as a complementary therapy, especially for patients who fail to respond to a single attempt at particle repositioning performed by a physician or vestibular therapist. Radtke et al.⁹ also point out that self-treatment for BPPV may be beneficial for patients with frequent recurrences of BPPV. This application of self-treatment for BPPV may be particularly valuable because the recurrence rate for BPPV has been estimated at ~50% in 4 to 5 years.¹⁰ Until recurrences can be prevented, self-treatment for BPPV using particle repositioning is likely to become part of the routine management for this condition.

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