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Developments in Dizziness and Balance Disorders

Lisa Burrows[1], Tristram Lesser[2] and Amanda Male[3]

[1]Community Vestibular Rehabilitation Team, Mersey Care NHS Foundation Trust, Prescot, UK, [2]Formerly at ENT and Skull Base Surgery, Aintree University Hospital, Liverpool Hospitals NHS Foundation Trust, Liverpool, UK (retired) and [3]Institute of Neurology, University College London Hospitals NHS Foundation Trust, London, UK

Editorial

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Corresponding author:
Lisa Burrows;
Email: Lisa.burrows@merseycare.nhs.uk

Chapters

- Modernising vestibular assessment
- Advances in the diagnosis and management of acute vertigo
- Use of the Head Impulse, Nystagmus, Test of Skew ('HINTS') assessment to aid differential diagnosis in acute vestibular syndrome in the hyperacute stroke setting
- Management of recurrent benign paroxysmal positional vertigo
- Assessment and management of vestibular migraine within ENT
- Introduction the the assessment and management of Persistent postural-perceptual dizziness
- The rationale and recommendations for inclusion of screening for benign paroxysmal positional vertigo in falls clinics
- Pilot study to evaluate a training programme for primary care physiotherapists in the assessment and management of benign paroxysmal positional vertigo
- Primary contact physiotherapy for patients with suggested vestibulopathy for an Australian ENT clinic: a retrospective coghort study
- Pitfalls, patience, and patients: developing a physiotherapy-led balance clinic
- Medical records prompts improve the frequency and documentation of dizziness and driving conversations in the ENT balance clinic

Summary

In this supplement, we explore how to manage dizziness and balance disorders. We look at how to improve diagnosis, prognosis and treatment, and also examine how to improve access and speed of management.

The greatest gift

The greatest gift you can give a patient is a diagnosis, the second greatest gift is the prognosis and the third is the treatment of the disease. When the distressed, frightened, disabled vertigo and balance patient has had answers to the questions 'What's wrong?', 'Will it get better?' and 'What can be done to cure me?', the world becomes a better place for all. What makes it a worse place is either getting the wrong diagnosis, prognosis or treatment, or not getting any help at all. This can be because of poor medicine or access problems, with the latter being as troublesome in the modern world as it is in the developing world.

'Try this and see how it goes'

Traditionally, the patient journey has been convoluted and lengthy, involving doctors of various sorts, investigations of questionable use, medicines of various efficacy, and manoeuvres and operations without a known diagnosis or natural history of the symptoms.

How, who and where

This supplement shows how collaboration, and appropriately trained physiotherapists and others, are changing the face of vestibular and balance management in the developed world. Chapters deal with: modernising vestibular assessment; how to train practitioners in a general practice setting and in hospital; and how and where to diagnose and treat the cause of their symptoms. It illustrates how more than one discipline may be needed together, in reaching patients with other diseases or inner-ear disorders such as acoustic neuromas, in falls clinics and for acute vertigo in the emergency room. This latter, very serious problem, which can be as frightening for the practitioner as the patient, has simple guidelines using the Head Impulse, Nystagmus, Test of Skew ('HINTS') to allow a stroke to be differentiated from less serious causes of acute vertigo. In addition to acute vestibular syndrome, the more common problems, namely recurrent benign paroxysmal positional vertigo, vestibular migraine and persistent postural-perceptual dizziness, are looked at specifically. Vestibular physiotherapists running solo and those in multi-disciplinary teams treating vertigo and balance patients are well established in the UK, and one chapter shows that this is also applicable to other countries with different healthcare systems.

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This supplement

Hopefully this supplement will encourage health practitioners to consider how to manage these difficult problems with evidence-based practice, not only to improve diagnosis, prognosis and treatment, but also to improve access and speed of management.

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