

Patient information from BMJ

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Benign paroxysmal positional vertigo

If you have benign paroxysmal positional vertigo (BPPV) you get sudden dizzy spells that can make you feel nauseated and unsteady on your feet.

These dizzy spells go away by themselves after a while, and they're not a sign of a more serious problem. But if you keep having them there are treatments that can help prevent them.

You can use our information to talk with your doctor about the best treatments for you.

What is benign paroxysmal positional vertigo?

Benign paroxysmal positional vertigo is usually called **BPPV** for short, or just **vertigo**. The word vertigo means dizziness, a feeling that everything around you is spinning.

Note: despite how the word is sometimes used, vertigo has nothing to do with the fear of heights: the correct name for fear of heights is **acrophobia**, not vertigo.

The confusion happens because looking down from a great height can sometimes cause dizziness.

If you have BPPV, you get sudden spells of dizziness that can last from a few seconds to several hours.

Episodes of BPPV are brought on by sudden head movements, or when you change the position of your head after a long time: for example, when you get up in the morning or turn over quickly in bed.

This is because tiny particles of material in your inner ear can affect your balance if they get into the wrong part of your ear.

This dizziness can be severe, and can make you feel unsteady. For example, you might find it hard to walk in a straight line. You might also feel nauseated and feel as though you need to lie down.

These dizzy spells go away by themselves and don't usually cause any problems. But if they happen a lot or last a long time they can disrupt your life and make it hard to go about your normal activities.

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BPPV is more common in middle-aged and older people, but it can happen at any age, especially if there is a clear cause. Several things can cause BPPV, but in most people we simply don't know why it happens.

Causes of repeated episodes of vertigo include:

- head injuries
- migraines
- having had surgery in an ear, and
- conditions that affect the ears and balance, such as labyrinthitis and Meniere's disease. For more information on these conditions, see our leaflets: *Labyrinthitis* and *Meniere disease*.

What are the symptoms?

The symptoms of BPPV include:

- sudden dizziness that's usually brought on by a sudden head movement
- nausea
- feeling unsteady, and
- feeling light headed.

Several conditions can have dizziness as a symptom. But there are things that suggest that someone has BPPV rather than another problem. For example, if you have BPPV:

- the symptoms come on suddenly rather than building up over time
- the dizziness that happens with people who have BPPV usually lasts for less than 30 seconds
- but other symptoms such as poor balance, nausea, and being light headed can last for much longer.

There are some **tests** that doctors can use to tell if you probably have BPPV. One of these is called the **Dix-Hallpike maneuver**.

This is a physical test. To do it, your doctor moves your head and upper body in certain ways, and watches what happens to your eyes.

If your eyes "jump" when the doctor moves your head in certain directions, then you probably have BPPV.

Your doctor will also ask you questions about things that might make you more likely to have BPPV, such as whether you:

- have had an infection recently, especially a throat or chest infection
- have had a head injury in the past
- ever get migraines, and
- have ever had problems with your ears.

What treatments are available?

Repositioning maneuvers

Many people don't need any treatment for BPPV, as they stop having episodes of vertigo after a few weeks. BPPV isn't a sign of a more serious condition, and it doesn't lead to any other problems if not treated.

But it can be distressing and can affect your quality of life if it happens a lot.

So, if your symptoms keep happening, there are things your doctor can do to help. The main treatment for BPPV is called a **particle repositioning maneuver** or an **Epley maneuver**.

This treatment is done to move tiny particles away from parts of the ear where they affect your balance and cause dizziness.

To do this maneuver

- you lie down
- your doctor gently moves your head into various positions: for example, you will face from side to side and downward
- you keep your head still in each position for a short while.

Having this procedure can bring on dizziness. But when it is finished, you should no longer have BPPV.

You should have a follow-up appointment a few weeks after you have this maneuver. Your doctor might test you using the Dix-Hallpike maneuver that they might have used to diagnose your BPPV in the first place.

Your test might suggest that you don't need further treatment. Or you might need to have another repositioning maneuver.

Other treatments

Repositioning maneuvers aren't suitable for everyone. For example:

- they don't work for some people
- they aren't advisable for people with certain conditions, including severe heart disease, and problems with the spine, neck, or hips, and
- they make some people feel so dizzy or nauseated that they can't complete them.

If you can't have repositioning maneuvers, your doctor might be able to refer you to a **specialist clinic** for dizziness. This isn't as unusual as it might sound, as there are several conditions that can affect people's balance.

The specialist will show you how to do exercises that can help reduce your dizziness. These exercises take time to learn and to do at home regularly. But many people find them helpful.

If other treatments don't work, your doctor might suggest **surgery**, but most people don't need it. Less than 1 in 100 people with BPPV need surgery.

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Surgery for BPPV usually works well. But, as with all operations, there are risks. For example, about 4 in every 100 people who have this operation are left with some permanent hearing loss.

Your doctor should discuss all the possible pros and cons of surgery with you.

What to expect in the future

BPPV usually goes away by itself after a few weeks and doesn't happen again. So most people never need treatment.

But if it does keep happening, talk to your doctor. One simple maneuver could solve the problem.

It's especially important to talk to your doctor if you're older and not as steady on your feet as you used to be, as BPPV could lead to a fall.

You should also be aware of the chance of having an episode of BPPV while you are driving a vehicle or riding a bicycle. If turning your head suddenly causes you dizziness in these situations, you should see your doctor.

BPPV can come back or keep happening over many years. If it's not severe and the episodes don't last long, you might decide it's not worth worrying about.

But if it bothers you or affects your quality of life, you might want to seek more help. For example, your doctor or a specialist might be able to show you repositioning exercises that you can do at home.

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