PERSISTENT POSTURAL-PERCEPTUAL DIZZINESS (PPPD)

HYPATIA
SPECIALIST CLINICS
EMPOWERED CLINICIANS • EMPOWERED PATIENTS

Patient Information Sheet

What is it?

PPPD is a chronic vestibular condition that is described by the World Health Organisation as "Persistent dizziness, unsteadiness, or both lasting three months or more. Typically, following an occurrence of acute or episodic vestibular or balance related problems. Symptoms may begin intermittently, and then consolidate."

What does it feel like?

Symptoms are present most days, often increasing throughout the day, but may wax and wane. Momentary flare ups may occur spontaneously or with sudden movement. Affected individuals feel worst when upright, exposed to moving or complex visual stimuli, and during active or passive head motion.

What causes it?

To begin with there is usually a vestibular attack/panic attack which makes the patient acutely ill. The patient then adapts using strategies to help them avoid triggering another attack and help them navigate the world e.g. reducing range of motion of there head. Over time, these strategies in combination with other circumstances may cause maladaptation. The three key mechanisms of this are:

1. Stiffened or 'high risk' postural control
2. An over reliance on visual stimulus over vestibular input.
3. A failure of the higher cortex exert influence over 1 & 2

How is it diagnosed?

The Barany Society have put together a strict criterion for someone to be diagnosed with PPPD. The complaint needs to of lasted for longer than 3 months and significantly affect the ability function. Your specialist will take a significant history including asking you about anxiety and distress. It is important to rule out other conditions so it is imperative that thorough vestibular investigations take place – PPPD cannot be safely diagnosed without this.

Treatments

- Medication - vestipulosuppressants *should be avoided* but you might be offered anti-anxiety and anti-deppressant medications which are known to help.
- Vestibular Rehabilitation - is extremely useful in PPPD and should be targeted to your symptoms
- Lifestyle Changes
- Cognitive Behavioural Therapy may be useful in some instances to help with overcoming maladaptive strategies.

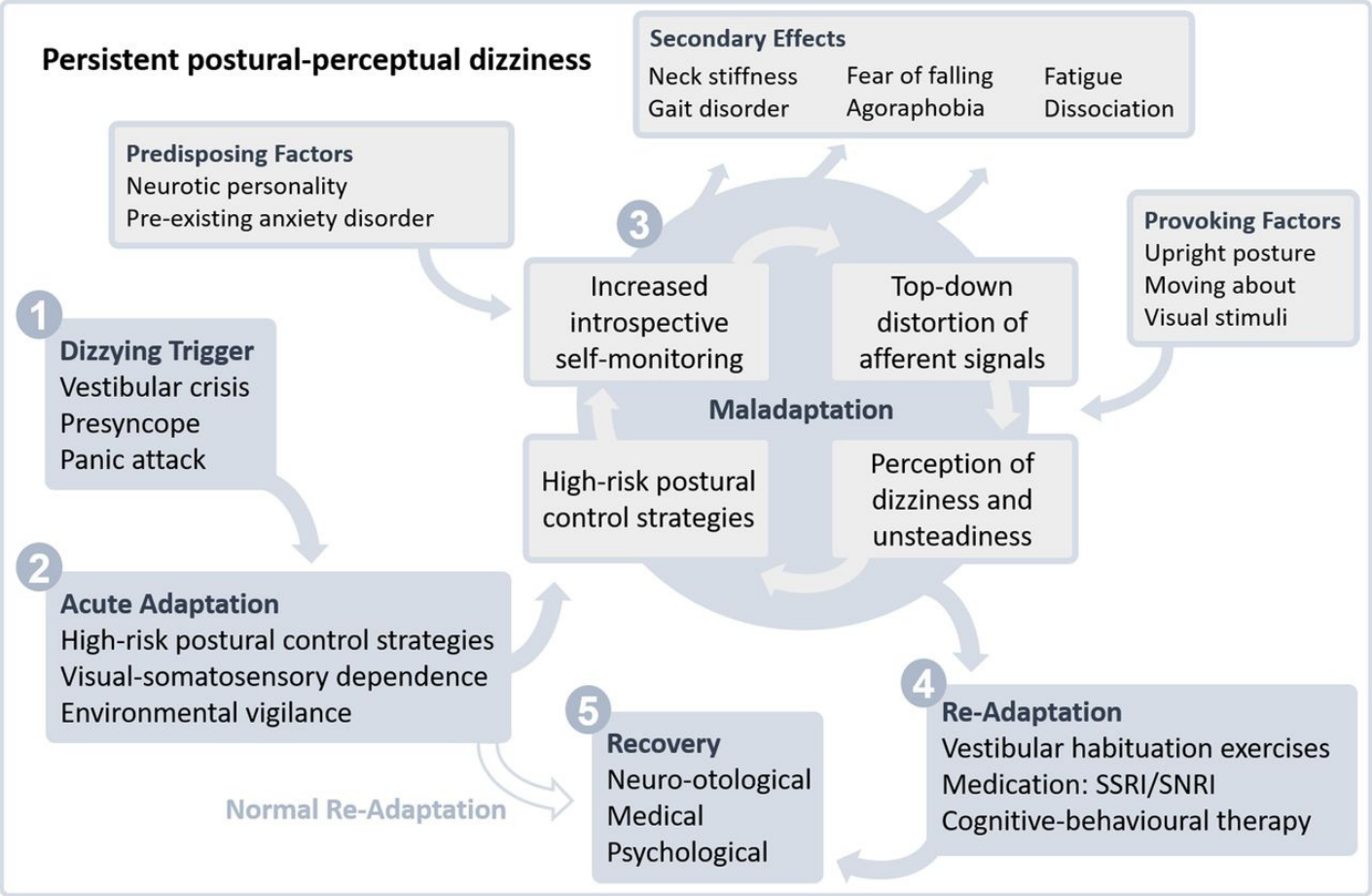

Image A: (Popkirov 2018) Demonstrates normal recovery for a patient post a dizziness event as they follow stage 1, 2 and 5 For PPPD patients after stage 2 they start to use maladptive strategies (stage 3) which are reinforced by secondary effects and provoking factors which becomes a difficult cycle to break out of without education and support.

How can I help myself at home?

- Practising mindfulness
- Yoga and Tai Chi
- Regular exercise
- Reduce alcohol & nicotine caffeine intake
- Regular sleep patterns
- Staying well hydrated
- Promote self-care
- Try keep your head and neck moving
- Ask friends and family for support

Case Study - Sarah

Sarah wakes up one morning to find herself extremely dizzy. She is nauseous and her vision is extremely blurred, she is rushed into hospital and after 7 hours diagnosed with Vestibular Neuritus which is an acute dizziness and usually recovers within a matter of weeks. She is advised to go home, rest and take some medication to help with her symptoms.

After a few weeks in bed the severe dizziness is gone but she still feels 'off' and imbalanced. She is a mother to Charlie and her boss is starting to put pressure on her to deliver results again at work. She gets brain fog is extremely fatigued and notices she is unsteady when she moves her head in certain positions she decides she is going to have to avoid those head movements so that she doesn't become dizzy.

A few months later Sarah has started to avoid busy environments because she doesn't trust herself not to feel disorientated, has stopped meeting her friends and gets incredibly anxious if she has to go somewhere for work in case she becomes dizzy.

Sarah is under pressure from raising a family and from her boss to get better which adds to the stress of her condition. Her strategies such as not moving her head, avoidance and self monitoring have got her into a maladaptive cycle which prevents recovery.

To naturally recover you need to gently exercise the system even if that provokes some symptoms. This can be done in a safe way and that is the aim of Vestibular Rehabilitation.

Sarah is just one example and her condition started very suddenly however patients attending balance clinics with PPPD have a wide range of history and symptoms.

PPPD is a true Vestibular Function problem and is not 'all in the mind'. Patients need help and support to get better and that is what happens for many - they get better.

References:
Popkirov S, Staab JP, Stone J. Persistent postural-perceptual dizziness (PPPD): a common, characteristic and treatable cause of chronic dizziness. Pract Neurol. 2018;18(1):5-13. doi:10.1136/practneurol-2017-001809

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