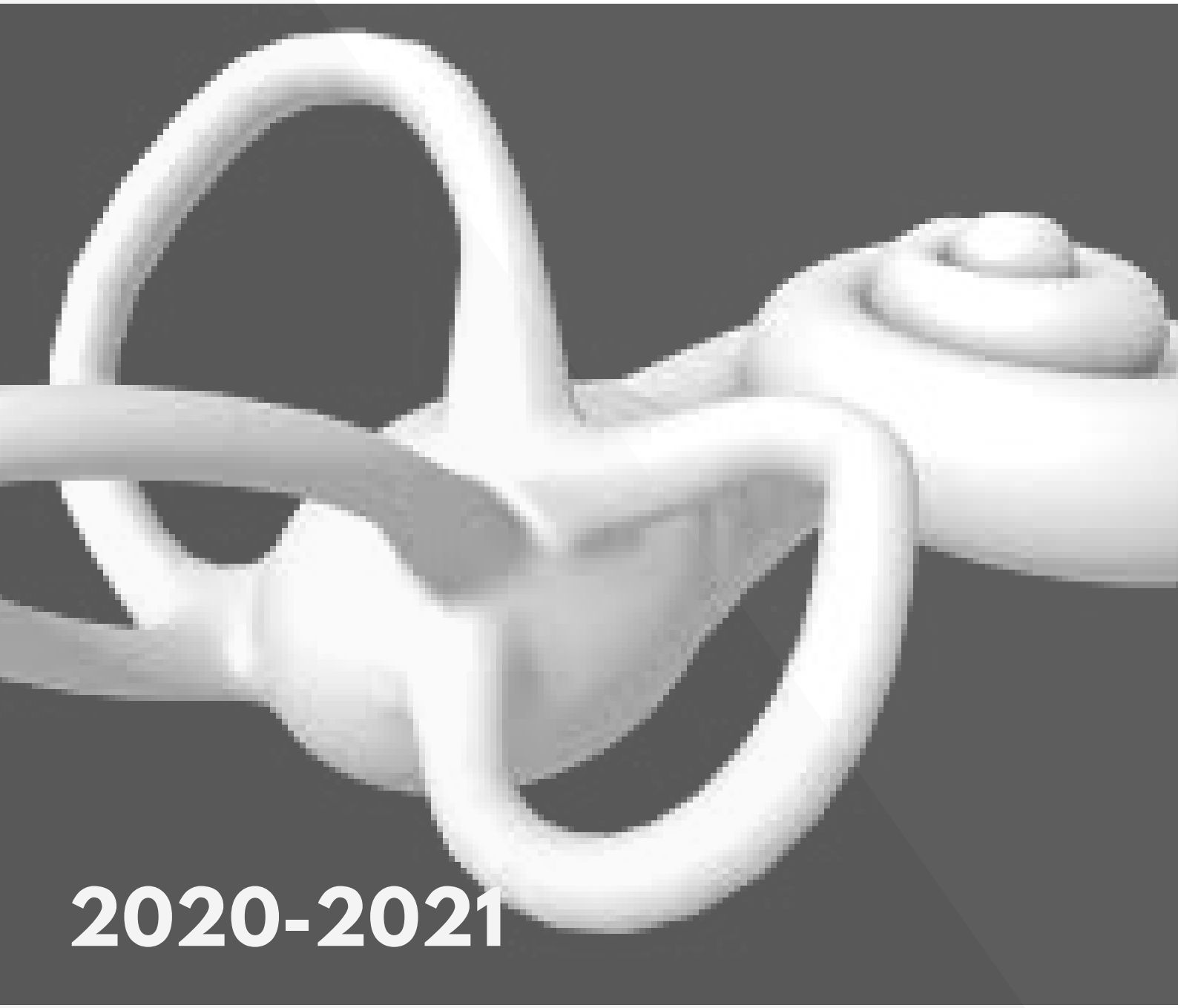
VESTIBULAR DIAGNOSTICS REFERRAL GUIDANCE

HYPATIA
SPECIALIST CLINICS

EMPOWERED CLINICIANS • EMPOWERED PATIENTS



2020-2021

Post Referrals To:
Hypatia Specialist Clinic
47 Rodney Street
Liverpool
L1 9EW

Hypatia Specialist Clinic
@Aston Hearing
Flint Barn Court
Church St,
Old Amersham HP7 0DB

RED FLAGS

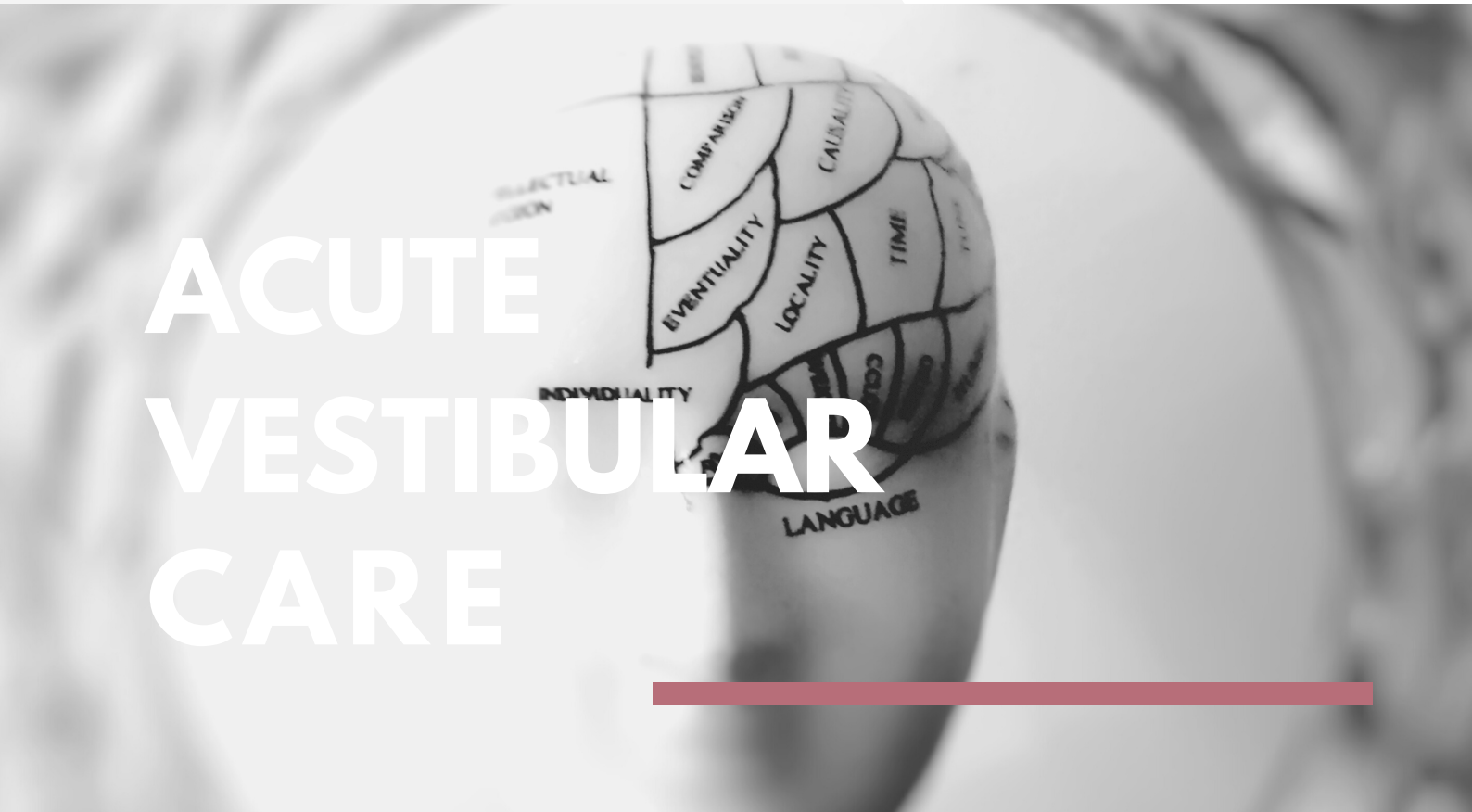
- Sudden onset
- Sudden Hearing Loss
- Sudden onset with headache
- Neurological symptoms and signs
- Irregular pulse
- Cardiovascular symptoms
- History of cervical spine disorder
- Head Trauma
- Diplopia
- Cranial nerve palsies;
- Dysarthria,
- Ataxia,
- Papilloedema

Patients accessing services with any of the above symptoms should be seen urgently in an emergency setting before any Vestibular Assessments take place. HINTs & HINTS+ protocol are only recommended in emergency setting only and under the supervision of a medical physician/doctor.

The following is guidance for Hypatia Specialist Clinics who have patients accessing their clinic for Vestibular Care. It assumes a thorough knowledge of vestibular disorders as in many instances a level of clinical judgement is required when dealing with these patients.

Depending on global location It is possible that a patient may wish to access care either by direct referral, primary healthcare or secondary healthcare referrals. Due to the variability of referral source it is imperative any clinic providing such care has an urgent referral scheme in place and clinicians are aware of red flags for differential diagnosis.

This document has divided patients into three categories for assessment purposes. Acute Vestibular Syndrome (AVS), Episodic Vestibular Syndrome (EVS) & Chronic Vestibular Syndrome (CVS). Guidance around red flags is stated in this document however clinical judgement is required on a patient by patient basis.



ACUTE VESTIBULAR CARE

THE PATIENT

Acute Vestibular Syndrome (AVS)

If a patient is categorised as AVS send them immediately to the nearest emergency care department. Their care may continue at a Hypatia Specialist Centre once non-vestibular pathology has been ruled out.

Episodic Vestibular Syndrome (EVS)

A typical EVS patient will typically describe episodic vertigo with different body and head positions. They should also be investigated for postural hypertension and require a followup to ensure there is no secondary CVS.

Chronic Vestibular Syndrome (CVS)

Chronic Vestibular Syndrome patients will have long standing symptoms and often a mixed history. It is essential to include questionnaires that quantify anxiety/depression levels in these patients.

Special Considerations Frail & Elderly Patients

These patients often have multiple pathologies. Visual and proprioceptive abnormalities can lead to de-compensation from previous vestibular failure. This group are often taking several medications. Chronic vertigo should not be treated with vestibular sedative such as prochlorperazine as this impairs compensation. Timed-Up & Go may be useful and assessment in the local Falls Clinic/Occupational Health may be appropriate

5 Years & 4.5 Specialists

In the U.K it takes an average of 5 years and visits to 4.5 specialists to get an appropriate diagnosis - let's change that!

Vestibular Light Protocol is designed to test enough of the Neuro-Vestibular Pathways to pick up a large number of pathologies or indicate further appropriate testing in combination with a strong case history. Less invasive for patients and less time demanding on clinicians a positive result in combination with a positive history may help avoid unnecessary testing.

Proposed Clinic Time = 1.25 hours.

- Full Case History
- VRBQ/DHI or appropriate
- Otoscopy
- Tympanometry
- Acoustic Reflexes
- OAEs
- Pure Tone Audiometry (Speech if Hearing loss detected)
- VVOR & VVORS or Saccades (Screen)
- Head-Shaking Nystagmus
- vHIT
- cVEMP & oVEMP
- Fistula Test (if indicated by history)
- Hennebarts Sign (if indicated in history)

Suspected Pathologies appropriate for Vestibular-Light Protocol

- Vestibular Neuritis
- Labyrinthitis
- SSCD
- Perilymph Fistula
- Continuous Rotational Vertigo
- Uncompensated Vestibulopathy
- Bilateral Vestibulopathy
- Paediatric Vestibular Assesment

- We recommend scope for patient to move onto Neuro-Vestibular Protocol if findings are unexpected

VESTIBULAR LIGHT PROTOCOL

NEURO-VESTIBULAR ASSESSMENT

Neuro-Vestibular Assessment is a thorough and in depth assessment that measures all frequencies of vestibular response as well as central pathways including the VSR and the VOR. If a patient has already recieved Vestibular light testing those components need not be repeated unless any clinical value is considered.

Proposed Clinic Time = 3 hours

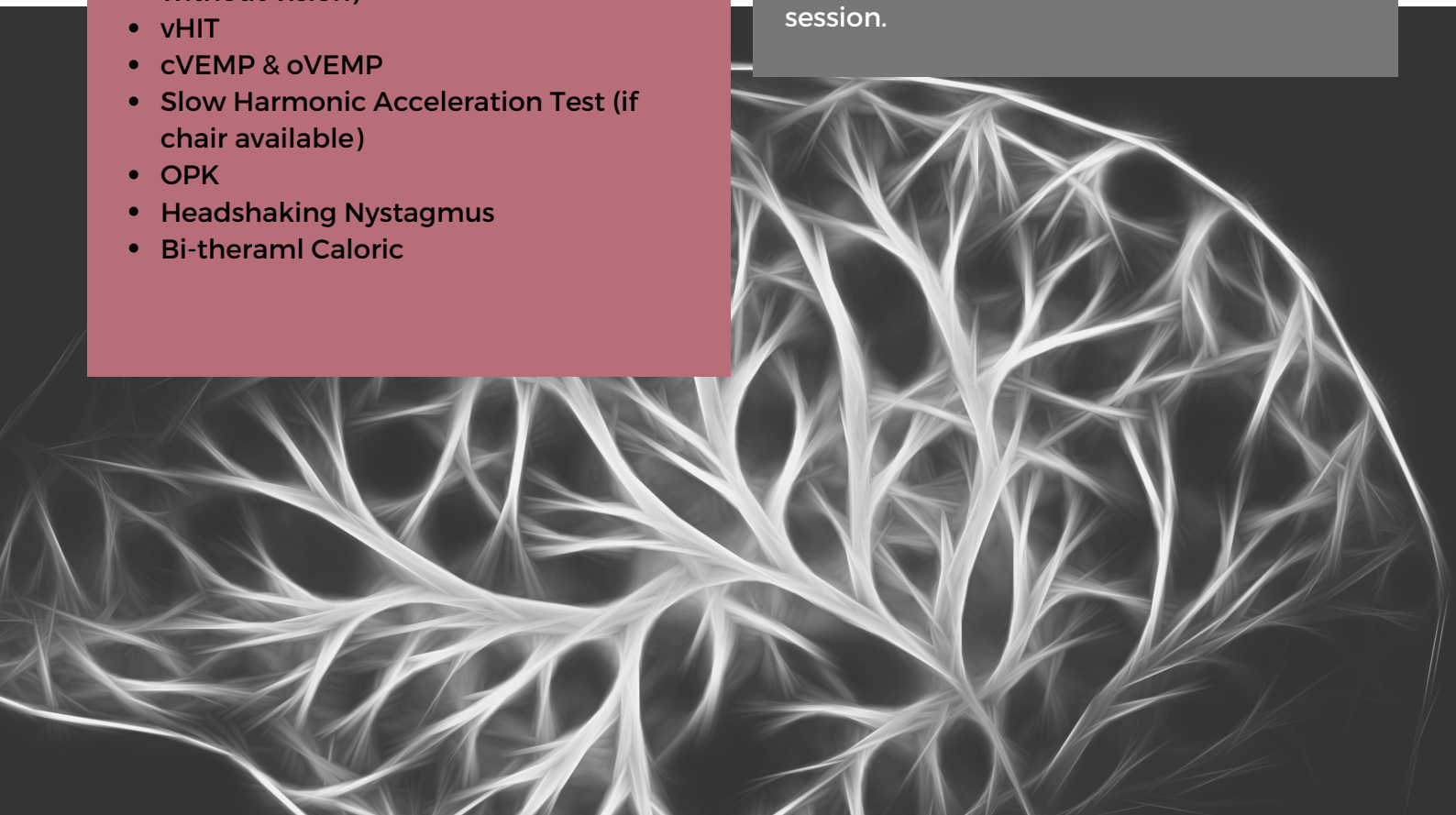
- Full Case History
- VRBQ or similar Questionnaire
- Otoscopy
- Tympanometry
- Broadband Reflexes
- Pure Tone Audiometry (Speech if Hearing loss detected)
- Skew Deviation
- VVOR & VVORS
- Saccades
- Gaze - Right/Left/Up/Down (with & without vision)
- vHIT
- cVEMP & oVEMP
- Slow Harmonic Acceleration Test (if chair available)
- OPK
- Headshaking Nystagmus
- Bi-theraml Caloric

Suspected Pathologies appropriate for Neuro-Vestibular

- Meniere's
- Migraine
- Traumatic Brain Injury
- Post Concussive Sy
- PPPD
- MDDBS
- Central Vestibular Impairment
- History of central lesions
- Vestibular Schwannoma
- Medico-legal work usually requires this level of assessment.

Special Note on Meniere's. If suspected patient will require ECochG and 1kHZ VEMP. The patients VEMP may elicit a larger VEMP at 1kHz than the traditional 500Hz. The clinician will need an additional 1.5 hours to complete the extra testing. .

It is not recommended to complete more than 3 hours of testing on a patient in one session.



GUIDANCE FOR REFERRALS

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Here are some tips and tricks to help with your referral. If your patient has had Vestibular Function Tests elsewhere or if you feel you only require certain diagnostics you are free to request individual tests. You are always welcome to contact us for guidance,

- For Episodic Vertigo the differential diagnosis is generally BPPV/Migraine or both. Generally, if the complaint is short lived and has no visual vertigo complaints the **'BPPV Assess & Fix'** would suffice. Hypatia Specialist Clinics will follow-up with these patients and advise if further assessment is needed to rule out Migraine/Secondary Migraine
- If patient has direction fixed nystagmus, **Vestibular Light Protocol** will suffice.
- If you suspect SCCD or PLF, **Vestibular Light Protocol** will suffice.
- If you suspect Acute Vestibulopathy post 72 hours, Vestibular Light Protocol will suffice..
- For Medico-legal work we recommend **Neuro-Vestibular Assessment.**
- If any of the patients bedside cranial exams are abnormal **Neuro-Vestibular Assessment** is recommended.
- The Barany Society have strict criteria for diagnosisng PPPD and Migraine .This includes exlcusion criteria that Hypatia Specialist Clinics follow. We would recommend **Neuro-Vestibular Assessmen**t to fulfil Barany's criteria.
- For patients with vague history or anxiety associated complaints **Neuro-Vestibular Assessment** is highly recommended.