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EDITORIAL

Management of the Dizzy Elderly Patient

Dizziness is a common problem in the elderly patients. It occurs frequently in this group of population in India as the longevity in our country has increased due to better health awareness and appropriate medical care. Dizziness in the elderly persons is caused by multiple factors and various age related diseases and disorders. Assessing such a patient is a challenging task for any Physician or Otolaryngologist today. A systematic multidisciplinary approach to manage these patients will be satisfying to both the patients and the treating physicians. It may also provide a cost effective method, reducing the budget of the patient if a simple consensus protocol can be established.

The Complaint & Diagnosis:

It is very essential to know exactly, if possible of course, the symptoms of the patient in simple, precise and understandable words. So description of the patient's problem is the first "key issue" to understand before proceeding for details of history taking. Dizziness or the so-called vertigo will be described by each patient differently. Problem may be characterized as follows: Syncope or fainting, Ataxia-falling or imbalance without actually feeling of head movement or rotation, Light headedness- some kind of feeling of flying or Swaying sensation without any true vertigo, Dissociation from self or the surrounding objects, True vertigo with a feeling of spinning or rotatory sensation/ hallucination. This is often the most difficult thing to characterize the nature of the dizziness. Once that is done with some certainty from the patient's own description, it then becomes easy to follow to know about the total duration of the problem and the duration of the individual spell of the attack. Further qualification to that is needed as to if it is constant, recurrent or episodic and what was the severity of the spells. Any influencing factors causing reduction or increment of the attack are also of clinical importance, such as after a meal or before breakfast, or after taking some medicines for ailment of metabolic or cardiac origins. This is important as many of the dizzy elderly patients have ischemic heart disease and taking vasodilator drugs which can cause orthostatic hypotension. Associated diseases or disorders of systemic nature such breathing problem, hyperventilation, anxiety, tightness of the chest, chest pain, tachycardia, joint-pain, back pain, neck pain or a kidney disease besides tinnitus with hearing loss, or any other neurological symptoms like weakness, headache, dysarthria, diplopia or any motor dysfunctions are to be taken into consideration. Past history of medication which might cause dizziness is also a step to be addressed. Any other risk factor has to be given due attention while doing history taking. Detailed clinical physical assessment has to be done with view to attempting to arrive at a possible diagnosis to further investigate as what organ/system is likely to cause the symptom of dizziness. Whether it is of psychogenic origin needs to be eliminated by history. Major peripheral conditions as well as

central vestibular disorders are to be identified from history and general and neurotological assessment. Computed tomographic scanning (CT) or magnetic resonance imaging (MRI), ECG, Head up tilt test, electrolytes, blood sugar and complete blood profile are to considered after due attention to the metabolic, vascular, cardiac and joint related diseases or disorders. Each test has to be done giving due weightage to history, physical examination and also the record of treatment received for the same symptom or any other medical disease. Once a diagnosis is made, one must not hesitate to refer such a case to a specialist. Urgent action is to be decided upon if cardiac or neurologic system is considered to be the possible cause of the presenting dizziness or such symptoms, warranting such consultations, the same may be sought for accordingly. Elderly patients also at times require orthopedic consultation for cervical spondylosis as well as for knee/hip joint-problems. In the case of a female patient, an obstetric and gynaecological opinion is often required, especially for counseling and even considering hormone replacement therapy (HRT). Many such female patients with vague complaints of dizziness and anxiety might actually be due to menopausal syndrome. They needed detailed assessment of the uterus, ovary along with breasts for any diseases or disorders in these organs before starting HRT. Old patients might also be given calcium and antioxidant as dietary supplement. A stick to be used at night might be a standard advice as their vision may be failing due to age related cataract. Surgery for cataract is often may be recommended for failing tendency at night. Vestibular weakness is gradual but when it affects bilaterally, dizziness does occur in such a patient. Family support is of great value in the management of the elderly with dizziness. Family members and or associates must therefore be involved in their care.

Therapy Options:

Different therapy options can be developed according to the presentation of an individual patient and after due process of assessment and consultation both for acute care and long term treatment and rehabilitation.

CONCLUSION:

A careful history taking is the most important key-thing in managing dizziness in an elderly person besides developing a multidisciplinary protocol of assessment and consultations for better Care for these elderly patients. Above all, a gentle and affectionate care with intelligent application of mind is essential to deal with such an elderly patient especially in the acute situation of the imbalance problem. Interaction with the family members, relatives or associates of the patient during the therapy sessions and their involvement are equally useful for the success of management of dizziness in this group population in the society.

Prof. Ramesh C. Deka, Chairman of Otolaryngology, AIIMS, New Delhi-110029
Dr. M.K. Taneja, Editor, Indian Journal of Otology
Dr. C.V. Karthikeyan, Asst Editor