Benign Paroxysmal Positional Vertigo (BPPV) can be effectively managed in a General Outpatient Clinic (GOPC) setting

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Keywords:
Benign Paroxysmal Positional Vertigo (BPPV)
General Outpatient Clinic (GOPC)
particle repositioning manoeuvres (PRMs)
Epley manoeuvre
Training

Introduction
Benign Paroxysmal Positional Vertigo (BPPV) is a very common cause of dizziness with a life-time prevalence of 2.4%. Unfortunately, at present many GOPC doctors are not familiar with the diagnosis and management of this disease, leading to prolonged patient suffering and unnecessary referrals to the ENT specialist clinic.

Objectives
To show that BPPV can be managed effectively in a GOPC setting.

Methodology
All patients seen by the author with a diagnosis of BPPV from Jan 2010 to Dec 2011 at Ma On Shan Family Centre were included for analysis. Patients with loss of follow-up after treatment were excluded.

Result
Totally 74 patients were diagnosed to have BPPV in the 2-year period, 8 cases were excluded due to loss of follow-up. Among the 66 cases of BPPV with follow-up, 51/66 patients (77.3%) were having "objective BPPV" with definite vertigo and nystagmus on positional testing. 43/51 (84.3%) patients were having unilateral posterior semicircular canal (SC) BPPV, 4/51 (7.8%) patients were having unilateral horizontal SC BPPV, while 4/51 patients (7.8%) were having bilateral BPPV. 37/51 (72.5%) patients were cured by Epley manoeuvres, overall 46/51 (90.2%) patients with objective BPPV were cured by a combination of particle repositioning manoeuvres (PRMs) including Epley manoeuvre, Semont liberatory manoeuvre, Barbecue roll
manoeuvre and Straight back manoeuvre. Among the 15/66 (28.8%) patients with “subjective BPPV” (vertigo reproduced but no observable nystagmus on positional testing), 10/15 (66.7%) patients were cured by Epley manoeuvres, overall 12/15 (80%) patients were cured by a combination of different PRMs. When combining the two groups, 43/66 (65.2%) patients were cured by 1-3 cycles of Epley manoeuvre, 35/66 (53.0%) only required one cycle of Epley manoeuvre for cure. Overall 58/66 (87.9%) of BPPV patients were cured. Conclusion: 1) 53% of BPPV patients encountered in GOPC can be cured by one cycle of Epley manoeuvre, the cure rate raises to 65.2% if up to 3 cycles of Epley manoeuvre is performed by a GOPC doctor. 2) A well trained GOPC doctor can cure 87.9% of all BPPV patients by performing a combination of particle repositioning manoeuvres. 3) Training GOPC doctors to perform Epley manoeuvre for BPPV patients can help reduce the needs for ENT or physiotherapy referrals, and reduce futile investigations.