

Vertigo and Dizziness

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Vertigo and Dizziness

Common Complaints

Second Edition

 Springer

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Preface to the Second Edition

The last 10 years following the first edition of our book have witnessed many new findings on epidemiology, diagnostics, pathophysiology, and – especially important – the course and therapy of various illnesses that have the main symptom of dizziness. It was therefore necessary to totally update the original edition, which had been conceived as a practical compendium of treatment strategies for patients with dizziness and balance disorders. Here we briefly highlight a few of the most important new developments.

Today valid epidemiological studies on the prevalence of various illnesses with the symptom of dizziness are available. The long-time course of benign paroxysmal positioning vertigo, vestibular neuritis, bilateral vestibulopathy, vestibular paroxysmia, Menière’s disease, and phobic postural vertigo has now been investigated for over 10 years. Moreover, even physicians not specialized in this field are increasingly recognizing the clinical importance of vestibular migraine, bilateral vestibulopathy, vestibular paroxysmia, and the superior canal dehiscence syndrome. The diagnostic criteria have become more precise thanks to fruitful clinical studies. There is a wealth of new findings on the pathophysiology and central compensation of disorders of peripheral and central vestibular function, e.g., in the form of fMRI and PET evidence of plastic changes in cerebral activity. There are new data on higher spatial orientation disorders and on hippocampal atrophy in bilateral vestibulopathy as well as newly discovered vestibular structures and functions. We have covered these in the comprehensiveness needed for the private practice.

The following four findings are of special practical importance for therapy:

1. An important new therapeutic principle is the use of aminopyridine to successfully treat downbeat nystagmus, episodic ataxia type 2, and cerebellar gait disorders.
2. Corticosteroids significantly improve the recovery of peripheral labyrinthine function in patients with acute vestibular neuritis.
3. The most effective drug therapy for Menière’s disease is evidently a high-dosage long-term therapy with betahistine.
4. Carbamazepine significantly reduces attacks in the long-term course of vestibular paroxysmia.

The personal experience of the authors has been gathered in the course of their engagement over many years in the multiregional Munich Dizziness Outpatient Unit. In 2009, the BMBF began funding this unit under a new name, the German Center for Vertigo and Balance Disorders (IFB). Its goal is to develop an international referral centre with an interdisciplinary outpatient unit, its own study centre, and a structured course of studies for foreign clinical scientists in the fields of otoneurology and neuro-ophthalmology.

In this second edition we would like to especially thank both medical and non-medical employees of the Dizziness Outpatient Unit, especially Ms. Sabine Esser and Ms. Ute Appendino for efficiently organizing the annual Munich seminar, “Vertigo,” as well as the neuro-orthoptists Nicole Rettinger, Miriam Glaser, and Claudia Frenzel for carefully examining the patients, documenting each case, and compiling the videos. We would also like to express our appreciation to Sabine Esser for the graphic designs, Jenny Linn for her competent contributions to the imaging, and Erich Schneider for his development work on “bed-side” video-oculography. Our thanks also to Joanna Bolesworth of Springer Medicine UK for her pleasant, reliable, and extremely patient cooperation. Finally, we thank Judy Benson for her careful copyediting of the English edition of this book. The German second edition of the book “Vertigo – Leitsymptom Schwindel” by T. Brandt, M. Dieterich and M. Strupp was published by Springer – Verlag in 2012.

Munich, Germany

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Preface to the First Edition

There are three convincing arguments why it is important to learn about the management of vertigo:

- After headache, it is the second most common complaint of patients, not only in neurology and ENT departments.
- Most syndromes of vertigo can be correctly diagnosed only by means of a careful medical history and physical examination of the patient.
- The majority of these cases have a benign cause, take a favourable natural course, and respond positively to therapy.

Vertigo and dizziness are not disease entities, but rather unspecific syndromes consisting of various disorders with different causes. For this reason, our clinically oriented book is for physicians of different specialisations who treat patients with vertigo and for medical students. To make the book easy to use, we have provided an overview of the most important syndromes of vertigo and dizziness, each with elucidating clinical descriptions and illustrations.

A general chapter deals with how the vestibular system functions, its disorders, the pathophysiological mechanisms involved, diagnostic signs, history taking, examination procedures, laboratory diagnostics and principles of therapy. The most important clinical syndromes of vertigo are treated in individual chapters organised as follows: patient medical history, clinical aspects and natural course, pathophysiology and principles of therapy, pragmatic therapy, ineffective treatments, as well as differential diagnosis and clinical problems. We have put special emphasis on the various drug, physical, operative or psychotherapeutic treatments available. The book is based on the common experience that we have accumulated over many years working in a multi-regional referral centre for dizziness outpatients. Many parts of the text, tables and figures are updated versions of those in a considerably more detailed monograph on the clinical and scientific aspects of vertigo (Brandt T. *Vertigo: Its Multisensory Syndromes*, 2nd ed. Springer, London, 1999). The accompanying DVD presents typical case histories, results of examinations for the individual syndromes, physical examination techniques and laboratory diagnostics. The book is oriented to daily medical practice, and we hope that it will prove helpful

by providing readily accessible information. The whole field of vertigo and dizziness, imbalance and eye movement disorders has been considered extremely difficult because of the variety of its manifestations and its resistance to compartmentalisation. We hope that we have succeeded in making these syndromes more understandable by using clear, anatomical categories and clinical classifications.

We would especially like to express our thanks to the neuroorthoptists Miriam Glaser, Cornelia Karch and Nicole Rettinger for compiling the videos. Our appreciation also to Ms Judy Benson for copyediting the text and to Dr. Steven Russell for carefully reading the manuscript. We also thank Ms Sabine Eßer for designing the graphics and Ms Melissa Morton and Eva Senior of Springer-Verlag London for cooperating on the production of this book in such a pleasant and efficient manner. The German edition of the book, *Vertigo-Leitsymptom Schwindel* by T. Brandt, M. Dieterich and M. Strupp, was published by Steinkopff-Verlag in 2004.

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