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DRUGS USED IN MEDICATION FOR VERTIGO

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ABSTRACT

Vertigo is caused by problems in the brain or inner ear, including sudden head movements, inflammation within the inner ear due to a viral or bacterial inner ear infection, Meniere's disease, tumors, decreased blood flow to the base of the brain, multiple sclerosis, head trauma and neck injury, migraine headaches, or complications from diabetes.

Vertigo can be caused by decreased blood flow to the base of the brain. A blood clot or blockage in a blood vessel in the back of the brain can cause a stroke (cerebral vascular accident or CVA). Another type of stroke consisting of bleeding into the back of the brain (cerebellar hemorrhage) is characterized by vertigo, headache, difficulty walking, and inability to look toward the side of the bleed.

Keywords: *Vertigo, cerebellar hemorrhage, headache, magnetic resonance imaging.*

I. INTRODUCTION

Symptoms of vertigo include a sensation of disorientation or motion, which may be accompanied by nausea or vomiting, sweating, or abnormal eye movements. Other symptoms of vertigo may include hearing loss and a ringing sensation in the ears, visual disturbances, weakness, difficulty speaking, a decreased level of consciousness, and difficulty walking. When you feel as if you yourself are moving, it's called subjective vertigo, and the perception that your surroundings are moving is called objective vertigo.

Vertigo can be caused by decreased blood flow to the base of the brain. A blood clot or blockage in a blood vessel in the back of the brain can cause a stroke(cerebral vascular accident or CVA). Another type of stroke consisting of bleeding into the back of the brain (cerebellar hemorrhage) is characterized by vertigo, headache, difficulty walking, and inability to look toward the side of the bleed.

Vertigo can be caused by problems in the brain or central nervous system (central vertigo) or the inner ear (peripheral vertigo). Vertigo is a symptom of other conditions and is not in itself contagious. Benign paroxysmal positional vertigo (BPPV) is the most common form of vertigo and is characterized by the brief sensation of motion lasting 15 seconds to a few minutes. Acoustic neuroma is an uncommon cause of vertigo related to a type of tumor of the nerve tissue of the inner ear that can cause vertigo. Symptoms may include vertigo with one-sided ringing in the ear and hearing loss.

Vertigo is often the presenting symptom in multiple sclerosis. The onset is usually abrupt, and examination of the eyes may reveal the inability of the eyes to move past the midline toward the nose. Head trauma and neck injury may also result in vertigo, which usually goes away on its own. Cervical vertigo can be caused by neck problems such as impingement of blood vessels or nerves from neck injuries. Migraine, a severe form of headache, may also cause vertigo. The vertigo is usually followed by a headache, although not always. There is often a prior history of similar episodes but no lasting problems.

Complications from diabetes can cause arteriosclerosis (hardening of the arteries) which can lead to lowered blood flow to the brain, causing vertigo symptoms. Changes in hormones during pregnancy along with low blood sugar levels can cause pregnant women to feel dizziness or vertigo, especially during the first trimester.

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II. VERTIGO DIAGNOSIS

The evaluation of vertigo consists primarily of a medical history and physical exam. The history is comprised of four basic areas. The doctor may want to know if the patient feels any sensation of motion, which may indicate that true vertigo exists. Report any nausea, vomiting, sweating, and abnormal eye movements.

- The doctor may ask how long the patient has symptoms and whether they are constant or come and go. Do the symptoms occur when moving or changing positions?
- Is the patient currently taking any new medications?
- Has there been any recent head trauma or whiplash injury?
- Are there any other hearing symptoms?
- Specifically, report any ringing in the ears or hearing loss.
- Does the patient have other neurological symptoms such as weakness, visual disturbances, altered level of consciousness, difficulty walking, abnormal eye movements, or difficulty speaking?

The doctor may perform tests such as a CT scan or magnetic resonance imaging (MRI) if a brain injury is suspected to be the cause of vertigo. Blood tests to check blood sugar levels and the use of an electrocardiogram (ECG) to look at heart rhythm may also be helpful.

III. COMMONLY PRESCRIBED MEDICATIONS FOR VERTIGO INCLUDE THE FOLLOWING

- meclizine hydrochloride (Antivert)
- scopolamine transdermal patch (Transderm-Scop)
- promethazine hydrochloride (Phenergan)
- metoclopramie (Reglan)
- odansetron (Zofran)
- diazepam (Valium)
- lorazepan (Ativan)
- clonazepam (Klonopin)
- prednisone
- Some over-the-counter (OTC) antihistamines may also be recommended by your doctor for vertigo, including:
- diphenhydramine (Benadryl)
- dimenhydrinate (Dramamine)

IV. FOLLOW UP FOR VERTIGO

Anyone with a new diagnosis of vertigo should follow-up with his or her doctor or be referred directly to a neurologist or an otolaryngologist (an ear, nose, and throat, or ENT, specialist).

V. VERTIGO PREVENTION

People whose balance is affected by vertigo should take precautions to prevent injuries from falls. Those with risk factors for stroke should control their high blood pressure and high cholesterol and stop smoking. Individuals with Meniere's disease should limit salt in their diet.

VI. VERTIGO PROGNOSIS

The prognosis depends on the source of the vertigo. Vertigo caused by problems in the inner ear, while usually self-limited, in some cases can become completely incapacitating. The use of drugs and rehabilitation exercises is the

mainstay of treatment. Most commonly this will cure the symptoms or make the condition tolerable. The prognosis of vertigo from a brain lesion (tumor or stroke) depends on the amount of damage done to the central nervous system. Vertigo caused by a brain lesion may need emergency evaluation by a neurologist and/or neurosurgeon and may lead to permanent disability.

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