

Vertigo (Dizziness and Spinning)

A plain-English guide for you and your family

WHAT IS HAPPENING

A spinning sensation (Vertigo) is when you suddenly feel like the room is whirling around you, or like you are tumbling, even though you're sitting or standing perfectly still. Most of the time it comes from a problem in the inner ear—tiny crystals can break loose and float into the wrong spot, or a virus can irritate the balance nerve. Some people also get sweaty, sick to their stomach, or throw up because the spinning sensation confuses the brain so much. It usually gets better on its own in a few days to weeks, and simple head movements (done by a doctor or therapist) can fix the crystal kind right away. If it doesn't go away, comes with trouble hearing or walking, or happens after a head injury, call your doctor—it could be something more serious. Most people recover completely and can go back to all their normal activities.

What you might feel

- The room feels like it is spinning or moving around you
- Feeling unsteady or like you might fall
- Nausea or throwing up
- Eyes that jerk or drift to one side on their own, called involuntary eye jerking (nystagmus)
- Dizziness that comes on suddenly when you move your head or change position
- Ringing, buzzing, or fullness in one or both ears (tinnitus or aural fullness)
- Sudden trouble speaking, slurred words, or drooping on one side of the face
- Double vision or sudden vision loss
- Sudden severe headache, the worst headache of your life (thunderclap headache)
- Weakness, numbness, or clumsiness on one side of the body

Call the doctor right away if...

- Sudden trouble speaking, slurred words, trouble understanding speech, or drooping on one side of the face
- Double vision, sudden vision loss, or new trouble seeing to one side

- Sudden very severe headache — the worst you have ever had — especially if it came on like a thunderclap
- Weakness, numbness, tingling, or trouble moving one side of your body (arm, leg, or face)
- Trouble walking, loss of coordination, repeated falls, or inability to stand without help

What the care team will do

- Check blood pressure lying down and then standing, and check heart rate and rhythm on the monitor.
- Keep the bed in the lowest position with side rails up, and keep the call light within reach.
- Watch for sudden weakness on one side of the body, slurred speech, drooping face, vision changes, or severe headache, and notify the provider immediately if any appear.
- Help the patient move slowly and assist with walking; ask them to sit on the edge of the bed for a moment before standing.
- Dim the lights and reduce noise in the room if possible, and avoid sudden movements around the patient.
- Give anti-nausea medicine as ordered and keep a basin nearby, because a spinning sensation (vertigo) often causes severe nausea and vomiting.

Medicines you may be given — and why

Meclizine

Meclizine blocks histamine (a chemical messenger) in the balance center of your brain, which calms down the spinning signals that make you dizzy.

Dimenhydrinate

Dimenhydrinate blocks histamine signals in your brain's balance center and also blocks acetylcholine (another messenger), which together calm the spinning feeling and stop nausea.

Ondansetron

Ondansetron blocks serotonin receptors in the vomiting center of your brain and gut, stopping the nausea signal before it makes you throw up, but it does NOT stop the spinning feeling itself.

Prochlorperazine

Prochlorperazine blocks dopamine (a brain chemical) in the vomiting center and also dampens balance signals, which stops severe nausea and reduces the spinning feeling in acute a spinning sensation (vertigo).

Betahistine

Betahistine increases blood flow in the inner ear and reduces pressure in the fluid-filled chambers, which helps prevent recurring a spinning sensation (vertigo) attacks, especially in Ménière's disease.

Diazepam

Diazepam boosts GABA (the brain's main calming chemical) in the balance center, which powerfully quiets the overactive spinning signals and stops severe, disabling a spinning sensation (vertigo)—used only for acute, severe episodes.

Where this information comes from

- American Academy of Neurology
- American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update) 2017
- AHA/ASA Guidelines for the Early Management of Acute Ischemic Stroke 2019
- Cochrane Review: Vestibular Rehabilitation for Unilateral Peripheral Vestibular Dysfunction

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