

Guidelines updated for benign paroxysmal positional vertigo

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(HealthDay)—In a clinical practice guideline published in the March issue of *Otolaryngology-Head and Neck Surgery*, updated recommendations are presented for the diagnosis and management of benign paroxysmal positional vertigo (BPPV).

Neil Bhattacharyya, M.D., from Harvard Medical School in Boston, and colleagues reviewed the literature to update guidelines for BPPV. New evidence was included from two [clinical practice guidelines](#), 20 systematic reviews, and 27 randomized controlled trials.

The authors made several strong recommendations, including that posterior semicircular canal BPPV should be diagnosed when vertigo associated with torsional, upbeat nystagmus is provoked by the Dix-Hallpike maneuver. Patients with posterior canal BPPV should be treated by or referred for treatment with a canalith repositioning procedure. For posterior canal BPPV, there was a strong recommendation

against postprocedural postural restrictions. Recommendations also included use of the supine roll test to assess for lateral semicircular [canal](#) BPPV; differentiation of BPPV from other causes of imbalance, dizziness, and vertigo; assessing for factors that modify management; reassessment within one month to document resolution or persistence of symptoms; evaluation of persistent symptoms; and education of patients on the impact of BPPV in terms of safety, recurrence, and the importance of follow-up.

"In updating the guideline, it was our goal to do so utilizing a focused and transparent process, reconsidering more current evidence while ultimately factoring in BPPV treatments that result in improved quality of life for the patient," Bhattacharyya said in a statement.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

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