

## Diagnostic Approach and Treatment of Dizziness in General Practice

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**Introduction.** Dizziness is one of the most common neurological symptoms. It affects approximately 20–30% of people in the general population [Eid, 2015]. This symptom is nonspecific and includes a broad differential diagnosis [Chan, 2009]. Appropriate diagnosis and treatment can significantly improve quality of life [Chawla, 2006].

**Aim, Material and Methods.** The aim of the study was to analyse diagnostic methods suitable for dizziness type recognition in general practice and describe its treatment options. The study included questionnaires of 80 patients with dizziness who visited their general practitioner between October 2015 and November 2015 in Riga and Rezekne. Results were analysed via descriptive statistics methods.

**Results.** Most patients with dizziness symptom visited their general practitioner (GP), in 79.7%. 50.6% visited neurologist, 20.3% otorhinolaryngologist. Other mentioned specialists were cardiologist, ophthalmologist, psychiatrist and endocrinologist. Variety of diagnostic tests were made by GP for the patients with dizziness: blood pressure 83%, electrocardiography 73%, blood biochemical parameter testing 73%, neck vessel duplex scan 71%, blood counts 70%, neurological examination, specific for dizziness 40%, head computer tomography (CT) scan 37%, echocardiogram 32%, head magnetic resonance imaging 29%, auditory system examination 25%, vision organ test and cervical spine X-ray 22%, Holter monitor, electroencephalogram and CT neck angiography 8%. No diagnostic tests were made for 5% of the patients. Majority of the patients had different comorbidities. Most common were cervical spondylosis 67.5% and arterial hypertension 60%. Just 5% did not have any comorbidities. Most patients were taking drugs that cause dizziness as a side effect daily, such as beta-blockers and analgesics. Only 22.8% did not use such drugs. Prescribed treatment from dizziness was betahistine 57%, antihypertensive drugs 26.6%, calcium antagonists 11.4% and, in less than 10%, sedatives, homeopathic remedies, antidepressants and antiepileptic drugs. Vertigo rehabilitation was conducted only in 6.3% of cases. 27% of the patients answered that treatment removed dizziness totally, 50.6% that it reduced symptoms, 5.2% had no benefit of treatment and 16.9% did not use any treatment.

### Conclusions

1. In case of dizziness, most patients visit their general practitioner.
2. Diagnostic of dizziness requires extensive physical and instrumental examination and is complicated by patient comorbidities and received therapy.
3. Treatment of dizziness comprises several models according to its type and mainly reduces symptoms totally or partly if admitted.
4. Vertigo rehabilitation is considered to be the most effective treatment method; however, general practitioners need more knowledge to perform this treatment.