**Persistent Postural-Perceptual Dizziness**

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 Since beginning my time as a therapist for PTSMC, I have had the chance to study and practice my vestibular rehabilitation skills. Although we primarily see lower-moderate complexity vestibular cases it’s painfully true that not everyone is your “run-of-the-mill” BPPV case, and usually the more complex cases take a lot more research and creativity to ensure the best outcome.

I recently experienced one of those unique cases. “Henry” presented to the clinic with a script that read “Vertigo.” Due to the lack of answers Henry received from other medical professionals, he did his own research to validate how he was feeling. All of his own research was done prior to attending physical therapy. Although we often frown on the idea of “Web-MDing” ourselves, what Henry found as a possible diagnosis seemed very plausible. Henry believes he has Persistent Postural-Perceptual Dizziness, or PPPD for short. PPPD is often characterized by “dizziness that is made worse while in an upright posture and with complex visual stimuli accompanied with the feeling of falling but without noticeable unsteadiness or any other neurological findings.” 1 Symptoms often “follow an episode of acute dizziness with different etiologies like vestibular neuritis or other vestibular disorders and usually get worse or have difficulty getting better secondary to poor compensatory activities and movements.”1 The pathophysiological processes pertaining to PPPD are not fully understood at this time, but could be related to increased attention to postural and visual control after the acute symptoms have decreased. The idea is that the patient would continue to focus their eyes on fixed points while moving or continue to lean on objects for balance, preventing the balance system from “recalibrating” itself and leaving itself open to further fear avoidance behaviors and increased anxiety.1 Individuals with PPPD often complain of increased fatigue and exhaustion because they spend so much energy on these fear-avoidant behaviors that they never give their bodies the chance to regain function. According to an explorative study done on perspectives of working-age individuals who experience PPPD, three themes were found describing how patients often feel. The first theme is because of the limited medical and social validation with PPPD, people feel like they sound like they’re crazy. The second theme is that they feel like they are a shadow of themselves because of how strong of a negative impact the condition has had on them. And the third theme is that these individuals often ask themselves “How will I survive?” This can be referring to the often negative coping processes these individuals adopt.2

So now that we have an idea of what PPPD is, can it even be treated? A clinical review on PPPD found that Vestibular Rehabilitation Therapy (VRT) paired with cognitive behavioral therapy is often helpful in symptom reduction.1 An article on Vestibular rehabilitation therapy outcomes on individuals with PPPD also concluded that customized VRT adequately reduced symptoms and improved QOL in individuals with PPPD.3 It is important for us as the medical professional to provide respect to the patient and acknowledge that what they are going through is genuine. We should help patients like Henry reflect on their symptoms and how those symptoms affect their everyday life. In addition, we have to be cognizant of their thoughts on the cause of their symptoms. Finally, explain to the patient that PPPD is well-known, possibly treatable, and discuss the positive effects of rehabilitation.1 It should be made clear that PPPD is different from social anxiety but may still be exacerbated by psychological factors.1Through VRT the goal is to “reduce the experience of dizziness and imbalance by re-establishing effective and automatic eye-head coordination, reducing anxiety and self-monitoring, increasing fitness, boosting confidence and learning to live with dizziness.” 1 Exercises can be prescribed conservatively to individuals and can consist of: head movements with eyes open or closed, while in a static position or while walking, balancing exercises while in static positions or while walking, balance exercises on a compliant or non-compliant surface or with changes to base of support, gait training, and gaze stabilization exercises through habituation.1,3

 Thus far, despite the higher complexity of Henry’s case, he has made excellent progress in reducing his symptoms, learning to live with his dizziness/lightheadedness, increasing his confidence in his daily life, reducing his anxiety related to his condition, and overall improving his QOL. This goes to show that through a holistic approach to treatment even the most complex of cases can result in a positive outcome.

Reference list:

1. Eldoen G, Ljostad, U, et. Al. Persistent postural-perceptual dizziess. *Tidsskriftet.* https://tidsskriftet.no/en/2019/05/klinisk-oversikt/persistent-postural-perceptual-dizziness. Publication date May 2019. Updated May 2019. Accessed July 23, 2019.
2. Nada, Ebtessam & Ibraheem, Ola & Hassaan, Mohammad. (2019). Vestibular rehabilitation therapy outcomes in patients with persistent postural-perceptual dizziness. [https://www.researchgate.net/publication/330143287\_Vestibular\_Rehabilitation\_Therapy\_Outcomes\_in\_Patients\_With\_Persistent\_Postural-Perceptual\_Dizziness/](https://www.researchgate.net/publication/330143287_Vestibular_Rehabilitation_Therapy_Outcomes_in_Patients_With_Persistent_Postural-Perceptual_Dizziness/citation/download). *Annals of Otology, Rhinology & Laryngology.*
3. Sezier, A, Saywell, N, et. Al. Working-age adults’ perspectives on living with persistent postural-perceptual dizziness: a qualitative exploratory study. <https://bmjopen.bmj.com/content/9/4/e024326.long>. *MJ Journals.* 2018;9(1).