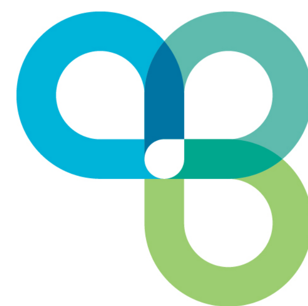
Vestibular Migraine



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Vestibular Migraine is a condition that causes dizziness, unsteadiness or disequilibrium. The underlying cause is actually a variation of a migraine headache.

People with vestibular migraine or 'migrainous vertigo' may or may not experience headaches. They may have experienced migraine headaches when they were younger. They also do not necessarily experience the other symptoms we associate with migraines (spots or rings around things, light or sound making the headache worse, nausea, and a severe headache that is mainly centered in the forehead and/or temples.)

Other features of vestibular migraine:

- There is a great deal of variation in the severity, frequency and nature of dizziness between patients with this condition.
- The dizziness is quite variable for any one patient as well: sometimes it lasts for a few minutes, sometimes for a day or so. Sometimes it is a spinning sensation, sometimes a lack of balance, sometimes more a feeling of lightheadedness. There may be a tendency to get dizzy with movement, but symptoms will often linger between these severe episodes.
- There is a strong overlap with symptoms of other inner ear dizzy syndromes, but patient with vestibular migraine do not have either a typical clinical picture for these, nor do the respond to treatment that should be effective for them.
- Most patients are women.
- Dizziness often starts at a relatively young age (in teens, or the twenties), whereas most inner ear related dizziness begins in middle age or older patients.
- The usual bedside tests for dizziness tend to be normal.
- Many people also get classical migraine, or have a family member who does. Sometimes, a patient's migraines began several years earlier and made be less prominent now.
- Many people also get motion sickness, or have done in the past.
- Any headaches are usually relatively mild, and occur in a wide variety of locations: sometimes in the forehead, sometimes in the side or back of the head. These are not necessarily at the same time as the dizziness.
- Classical triggers for inner ear related dizziness do not occur: there is no clear and reliable relationship with specific head movements or posture, and there are no other ear symptoms such as change in hearing or tinnitus at the time of the dizziness or between these.

If examined closely, the dizzy episodes are more closely related to triggers that are more common for migraines: stress, sleep deprivation, alcohol or specific food consumption, or phases of the menstrual cycle.

Investigations

There is no test that can confirm that you have vestibular migraine. Diagnosis is made based on medical history and physical examination. Tests that are done are done to exclude other causes that can cause similar symptoms. These might include:

- Imaging, such as a CT or MRI scan.
- A hearing test
- Vestibular function tests ('balance tests).

In vestibular migraine, these tests are usually normal.

Treatment

Fixing the dizziness usually involves treating the underlying migraine rather than focusing on the dizziness *per se*. Most patients find that medication to stop their dizziness in isolation is not effective.

- Lifestyle factors: Get enough sleep, exercise regularly, eat a healthy diet, minimize alcohol and don't smoke.
- Identify your triggers: when you have a dizzy episode, write down anything that you think might have triggered it, including how well you slept the night before, relationship to eating/drinking, stress, and time in your cycle for women. Patterns may begin to emerge over time, which you can address with lifestyle changes.
- Medications: Medications are aimed at prevention or relief of pain and nausea. Often patients that have failed multiple previous treatments will find their dizziness stop rapidly after starting an appropriate dose of an appropriate medication. Your GP is probably the best place to start, or they or your ENT surgeon may refer you to a Neurologist (a headache specialist) for further care.