

# MAYO CLINIC HEALTH LETTER

RELIABLE INFORMATION FOR A HEALTHIER LIFE

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## Coming in January

### MEDICAL PROGRESS

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### HEARTBURN

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Find out what eating little or no meat means to your health.



## Dizziness

### Procedure improves care of a common complaint

Rolling over in bed, sitting up or bending over to tie your shoelaces are simple movements you make every day. But if you have a common form of dizziness, these ordinary tasks can be frightening.

The movements can leave you feeling as if you're spinning, sometimes even nauseated and about to vomit. When episodes occur several times a day, it becomes almost impossible to function.

Dizziness is the third most frequent reason people seek medical attention — most frequent for adults age 75 and older. More than 90

million Americans have experienced dizziness at some time. The condition challenges doctors and frustrates those affected because it has many causes and few good treatments.

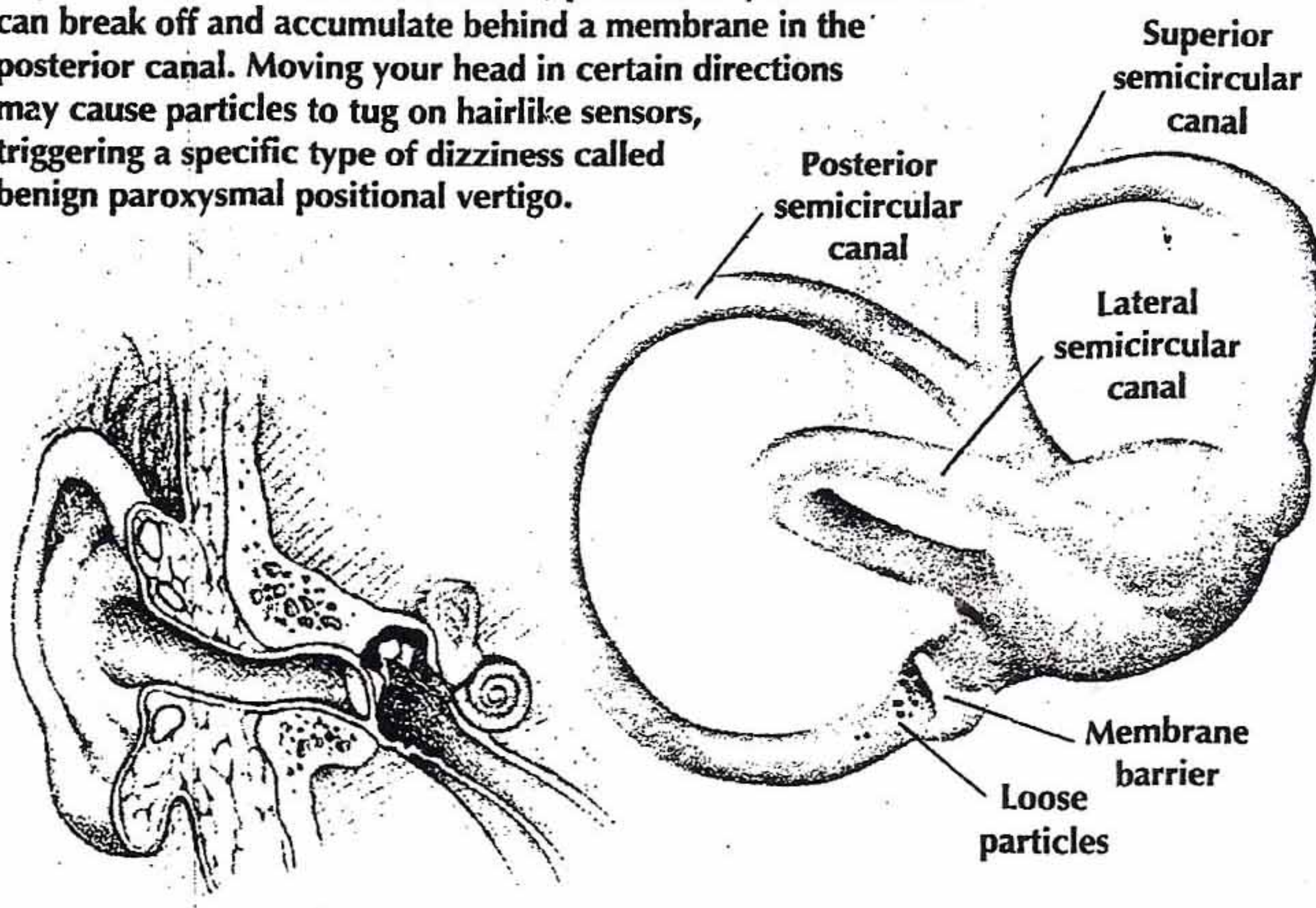
But now doctors have something more to offer. A new, relatively simple office procedure is stopping or significantly improving a common form of dizziness.

### What makes your head spin?

Vertigo is one of several types of dizziness (see *Mayo Clinic Health Letter*, October 1991). It's often linked to problems within your inner ear and characterized by the sensation of "spinning."

Benign paroxysmal (par-ok-SIZ-mul) positional vertigo (BPPV) is a specific type of vertigo that occurs most often in adults age 50 and older.

Your inner ear consists of three semicircular canals that contribute to your sense of balance. Over time, particles in your inner ear can break off and accumulate behind a membrane in the posterior canal. Moving your head in certain directions may cause particles to tug on hairlike sensors, triggering a specific type of dizziness called benign paroxysmal positional vertigo.





accounts for 160,000 new cases of dizziness each year in the United States.

BPPV's exact cause is unknown. An upper respiratory infection or a blow to your head that jostles internal ear structures can lead to the dizziness. But most cases are probably a natural result of aging.

Over time, particles in your inner ear can break off. The debris then may float in the semicircular canals (three loop-shaped structures in your inner ear filled with fluid) and accumulate in the posterior semicircular canal (see illustration).

Certain movements, such as rolling over in bed, may cause particles to tug on hairlike sensors in the posterior canal, triggering an abrupt

yet brief dizzy spell that feels as if your head is spinning.

### Method may restore balance

During the past few years, doctors have found a new treatment for BPPV increasingly successful. Called the Canalith Repositioning Procedure, it involves five simple maneuvers for positioning your head (see illustration).

Each position progressively moves debris from the posterior semicircular canal into a tiny baglike structure called the utricle (U-trih-kul). Here debris likely attaches to sticky membrane walls where it no longer can cause dizziness.

One treatment often eliminates dizziness immediately. If not, a re-

peated attempt may loosen debris that remains trapped in the semicircular canals. The procedure can also be redone if dizziness recurs.

After the procedure, you have to keep your head upright for 48 hours, even while you sleep. This allows time for the particles to settle inside the utricle. You also may need to wear a neck collar to prevent tilting your head.

### Reasons for its growing use

Standard treatment of BPPV involves a variety of approaches, including avoiding problem positions, doing difficult head exercises and

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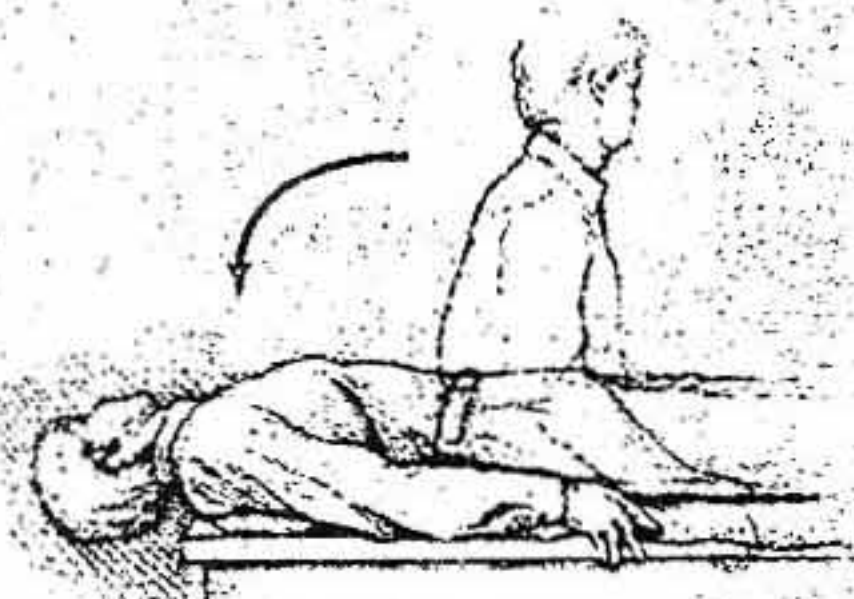
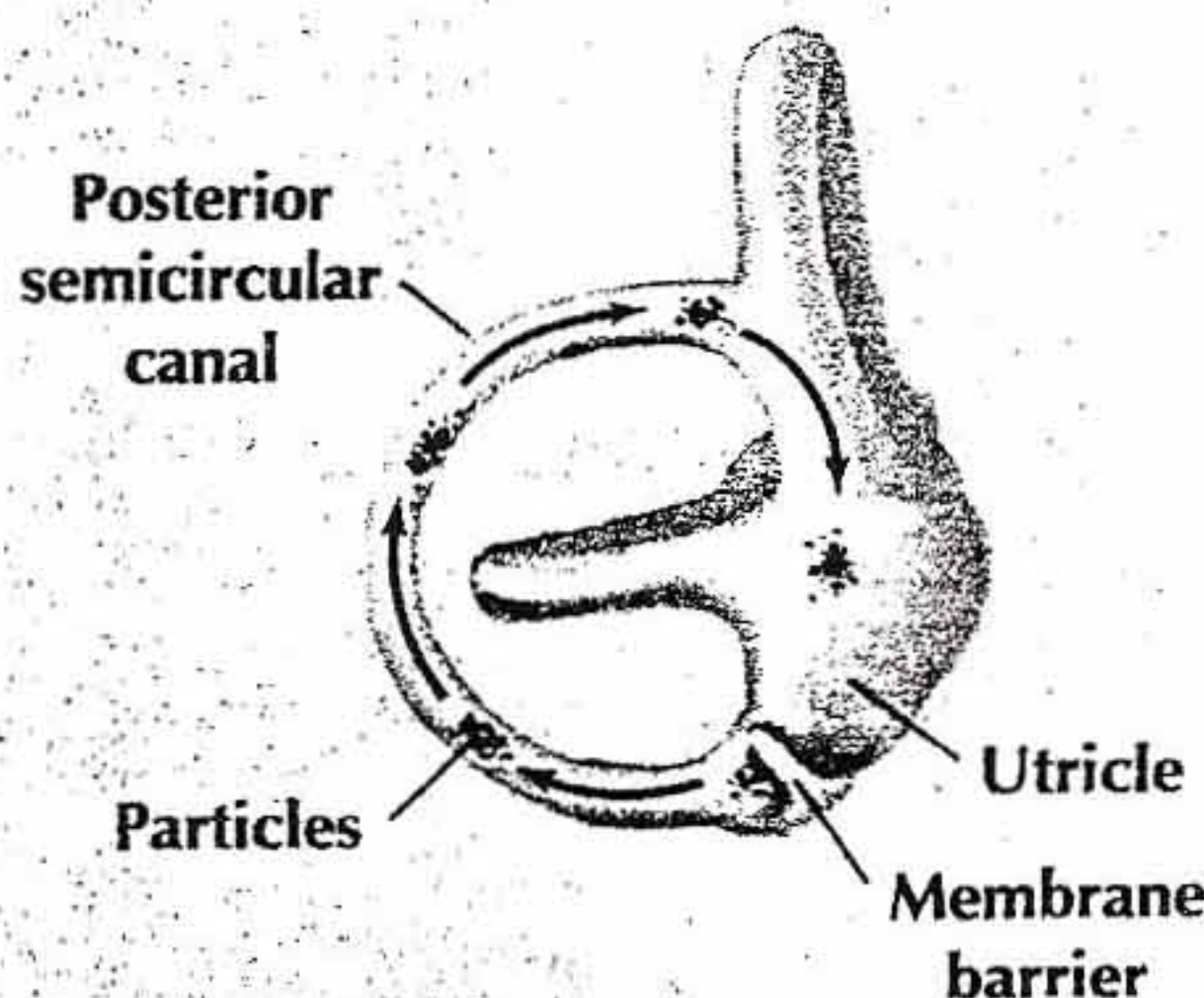
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### Canalith Repositioning

#### Procedure: How it's done

To help relieve benign paroxysmal positional vertigo, your doctor uses a series of maneuvers that moves particles from the posterior semicircular canal into the utricle. The steps include:



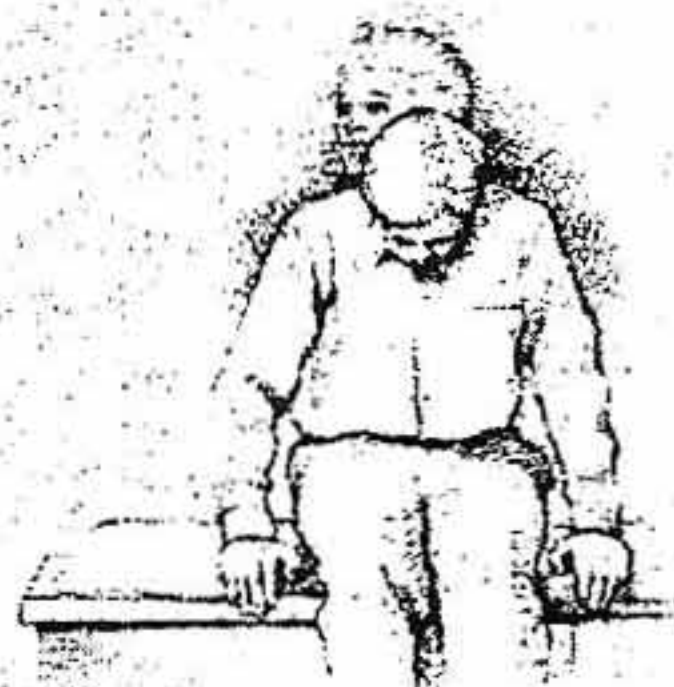
1) Moving from a sitting to a reclining position. Head is extended over the end of the table at a 45-degree angle.



2) Turning your head to the other side.



3) Rolling over onto your side. Head is slightly angled while looking down at the floor.



4) Returning carefully to a sitting position.  
5) Tilting your chin down.



taking medications that may make you drowsy and less aware of your dizziness.

The new repositioning procedure improves on standard approaches because it's:

■ **More effective** — Traditional head exercises help displace particles. But they're uncomfortable and you have to repeat them daily. Most people stop doing the exercises before they have any effect.

Another approach — trying to wait out the problem — can take weeks or months. For some people, the months can seem like years and the dizziness may still not go away.

■ **Better tolerated** — Repositioning is usually a one-time treatment compared to the days required for traditional exercises. The maneuvers are more comfortable than standard exercises. There's also none of the drowsiness associated with medications.

■ **Easy to perform** — The procedure lasts between 5 and 10 minutes and can be done during a regular office visit.

■ **Inexpensive** — It requires no special equipment or costly testing or medications.

The Canalith Repositioning Procedure is not designed to treat any other form of dizziness except BPPV. To be considered for the treatment, hearing or balance tests must confirm you have BPPV.

One common test involves quickly changing from a sitting to a reclining position, then back to sitting. If you have BPPV, your eyes rapidly move in one direction while lying down and then in another when you sit up.

Repositioning also may not be appropriate if you have neck problems such as arthritis. The need to extend and turn your neck during maneuvers may aggravate pain or worsen your condition. □

## Update '94

### News and our views

#### New study fuels debate over PSA test

Should all men have prostate-specific antigen (PSA) tests, even if they have no signs or known risks of prostate cancer? The Sept. 14 issue of the *Journal of the American Medical Association (JAMA)* says "no." But the debate over benefits of the PSA test continues.

The PSA test measures prostate-specific antigen, a protein produced by both normal and cancerous prostate cells. When repeated over time, the test may detect an increase in PSA, which could indicate an early form of prostate cancer.

The JAMA report concluded screening all men for prostate cancer is not cost-effective and doesn't significantly extend life. Based on the analysis, screening all men once using the PSA test and a digital rectal examination would add only .6 days to the life expectancies of 50-year-old men and 1.7 days for 70-year-old men.

However, the report was based on statistics and assumptions, not clinical data. Its findings don't end the dilemma men face with early detection of prostate cancer. Choosing to have a PSA test remains a decision between you and your doctor after consideration of several factors (see *Mayo Clinic Health Letter*, April 1994). □

#### Polio no longer affects Americans

The Centers for Disease Control and Prevention (CDC) report polio has been wiped off the American continent. In the Aug. 3 *Journal of the American Medical Association (JAMA)*, CDC confirmed cases of polio worldwide have dropped 70 percent since 1988 and three-quarters of all countries are now free of the disease.

The progress in polio's control is largely due to stepped-up vaccination efforts begun in 1988 by the World Health Organization. WHO aims for worldwide eradication of polio by 2000.

During the 1940s and 1950s, the poliomyelitis (po-le-o-mi-a-l-i-tis) virus killed thousands of people and left survivors in wheelchairs, braces or "iron lungs." The highly contagious virus injures or destroys nerve cells that control your muscles, resulting in varying degrees of paralysis. It most often affects leg muscles, but it also can strike muscles that control swallowing and breathing.

Development of the Salk vaccine in 1955 and Sabin vaccine in 1960 plus aggressive vaccination programs ended polio in this country. New concern about immunization efforts, however, is raised by an Oct. 12 JAMA report. The article pointed out more than half of American children aren't adequately vaccinated against preventable childhood diseases.

To keep polio extinct in the United States, parents must have their children immunized. Worldwide, the challenge to provide adequate immunization programs continues. □