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Disequilibrium of Aging (e.g. Multifactorial Dizziness)

What is disequilibrium of aging?

- Disequilibrium of aging refers to balance and dizziness issues that develop with age which are not attributable to distinct causes like BPV or Meniere's disease among others

What are the symptoms of disequilibrium of aging?

- The most common symptoms are dizziness and imbalance that are relatively constant and do not worsen with particular movements
- Other symptoms include lightheadedness and vertigo (sensation of room spinning around you)

What causes disequilibrium of aging?

- The three main components of balance (which combine to establish equilibrium) are the vestibular system inside the ear, our joints (especially ankles/knees/hips) and our eyes, which all combine to inform our body where it is and how it is moving in space
- Age related declines (wear and tear) in all these areas of our body combine to cause disequilibrium of aging
- Another common contributing factor to disequilibrium of aging is cumulative side effects from medications
- Common medications that can cause dizziness include:
 - Anticonvulsants (e.g. divalproex, gabapentin, pregabalin)
 - Antidepressants (e.g. fluoxetine, sertraline, trazodone)
 - Benzodiazepines (e.g. Valium, Xanax, Ativan)
 - Blood pressure medications (many)
 - Muscle relaxants (e.g. cyclobenzaprine and metaxalone)
 - Prescription pain medications (e.g. hydrocodone, codeine, dilaudid)
 - Sleeping pills (e.g. Benadryl, temazepam, Lunesta and Ambien)
- If you are taking several of these medications, it may be worth reviewing your medication list with your primary care provider to identify medications that can be substituted or discontinued

What can be done to improve my dizziness and balance?

- Exercise and physical therapy
 - Vestibular therapy is a specific type of physical therapy aimed to strengthen the three areas that contribute to disequilibrium of aging – your vestibular system, joints and vision – and how they communication with one another
 - You may be prescribed vestibular therapy to work on these exercises with a trained professional
 - o For those who want to perform these exercises at home, I recommend the following resources
 - https://www.brainandspine.org.uk/health-information/fact-sheets/vestibular-rehabilitation-exercises/

Youtube videos. There are many helpful videos to demonstrate how to perform exercises on YouTube. Type "vestibular exercises" into the search bar. I like the videos made available by Dr. Jon Saunders ("Home Vestibular REHAB – 20 Dizziness Exercises) and by Fauquier ENT

- Lifestyle modifications

- Consider obtaining assistive devices such as a cane, walker or wheel chair. These devices can be crucial to improving mobility and preventing falls
- Consider installing grab handles, carpeting, ramps, etc to improve your mobility and safety at home

Medications

- The most important medication change usually comes from eliminating medications that can cause dizziness. Consider reviewing your medication list with your primary care doctor
- o Medications used to treat diabetes can be crucial to preserving your vision and proprioception
- We do NOT recommend routine medication use to combat dizziness, as these are often sedating and can increase fall risk

- Vision Optimization

- Ensure your vision is optimized with proper glasses if needed. If you already wear glasses, consider re-checking your prescription and obtaining new glasses if necessary
- Have glaucoma or cataracts addressed if applicable

Cervical Spine Management

 Consider working with a physical therapist or spine surgeon if you have degenerative joint disease that affects your cervical spine

Inner ear surgery

- Surgery to address dizziness is relatively uncommon, but can be used in instances for patients suffering from superior semicircular canal dehiscence, Meniere's disease or peri -labyrinthine fistulae
- Surgery is not performed on the inner ear for patient's with disequilibrium of aging in whom these processes are not present