**Family Medicine Preceptorship**

**Discussion Cases**

**Dizziness**

**Learning Objectives:**

* Discuss the differential diagnosis of the subjective complaint of “dizziness.”
* Differentiate causes of “dizziness” based on history and exam findings.
* Identify appropriate use of laboratory testing, EKG, and diagnostic imaging in patients presenting with “dizziness.”

**Suggested Readings:**

*“*Dizziness: Approach to Evaluation and Management”. *Am Fam Physician.* 2017 Feb 1;95(3):154-162. <http://www.aafp.org/afp/2017/0201/p154.html>

“TiTrATE: A Novel Approach to Diagnosing Acute Dizziness and Vertigo”. Neurol Clin. 2015 Aug; 33(3): 577–599. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4522574/>

“Imprecision in Patient Reports of Dizziness Symptom Quality: A Cross-sectional Study Conducted in an Acute Care Setting”. Mayo Clinic Proceedings. 2017 Nov; 82(11): 1329-1340. <http://www.mayoclinicproceedings.org/article/S0025-6196(11)61411-0/fulltext>

**Case 1:**

Jenny is a 22-year-old female who presents with “dizziness” concerns. She states the dizziness is intermittent and only lasts for seconds to minutes. Episodes are often provoked by rolling over in bed or backing her car out of her driveway. She has no dizziness problems in between these episodes and feels well today. Her examination is normal. She is otherwise healthy, denies tobacco use and only drinks alcohol on the weekends.

Question 1: What is the differential diagnosis of “dizziness”? How can you categorize the different types of dizziness, and what are the cardinal features of those categories?

Question 2: What aspects of the physical examination are important in evaluation of the dizzy patient?

Question 3: What laboratory testing is needed, if any, in evaluation of patients with dizziness?

Question 4: How might the patient’s age affect the likely differential diagnosis?

Question 5: What is likely the cause of Jenny’s dizziness?

**Case 2:**

Katherine is a 51-year-old female with history of hypertension, type 2 diabetes mellitus, and obesity who comes to your clinic for evaluation of “dizziness”. Dizziness started about 3-4 weeks ago after her previous clinic visit with you for chronic disease management. She describes her dizziness as a sensation that she is going to pass out, particularly when she stands from sitting. She has not actually fallen or passed out yet. On exam her systolic blood pressure is 114/70 sitting and 90/60 when standing, and her symptoms are reproduced (she complains that “everything is going dim” while standing). Her neurologic exam is otherwise normal.

Question 1: What is the likely diagnosis? What likely caused this episode of dizziness?

Question 2: What further testing does this patient require, if any?

Question 3: What can be done for management of this patient’s dizziness?

**Case 3:**

Orville is an 81-year-old man who comes to your clinic in the afternoon for evaluation of “dizziness”. He describes this dizziness as a feeling that “the room is spinning”. Symptoms started suddenly while sitting at breakfast and have been constant since this morning, and are associated with multiple episodes of vomiting. He was brought into clinic in a wheelchair, but he normally does not have problems ambulating. He reports vomiting several times this morning, and vomits twice in your exam room. On exam, he has nystagmus. Cardiac examination is remarkable for an irregularly irregular heart rhythm. When he tries walking he immediately appears unsteady and falls to the right. Blood pressure is 185/100 sitting and 183/95 when standing.

Question 1: What is the likely diagnosis?

Question 2: What are your next steps in diagnosis and management of this patient?

Question 3: What are “red flag” signs which suggest that brain imaging is needed in a patient presenting with dizziness?