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A dizzy diagnosis

Dizziness can be quite a diagnostic challenge as most patients will find it difficult to adequately describe the sensation of dizziness they are experiencing.

Health professionals commonly see dizzy patients. Although it is rarely a sign of anything serious, it is important to the patient's comfort and quality of life for the source of the dizziness to be identified.

In the latest issue of *Australian Prescriber*, Dr Mark Paine, a Consultant Neurologist at St Vincent's Hospital and Royal Victorian Eye and Ear Hospital in Melbourne, provides a framework to help doctors analyse and accurately diagnose the cause.

Dr Paine's model includes: assessing the patient's history, undertaking a clinical assessment and examination of the patient, undergoing further investigation and different ways of treating dizziness.

"It is important to isolate whether the dizziness is vestibular or not, and then whether the dizziness is central or peripheral in origin. The most common causes of vertigo are benign positional vertigo, Meniere's syndrome, vestibular neuritis and migraine", said Dr Paine.

Less common causes of vertigo include stroke, ischaemic attack, multiple sclerosis, posterior fossa tumours, autoimmune inner ear disease and invasive inner ear disease.

The August issue of *Australian Prescriber* also features an article on different uses for antidepressants and an editorial on the value of the polypill.

For the complete articles visit the *Australian Prescriber* website www.australianprescriber.com. *Australian Prescriber* is an independent peer reviewed journal providing critical commentary on therapeutic topics for health professionals. It is published by National Prescribing Service Limited (NPS), an independent, non-profit organisation funded by the Australian Government Department of Health and Ageing.

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