

## **PS1.084**

### **Dizziness: a clinical approach in primary health care**

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**Background:** Dizziness accounts for an estimated 5 percent of primary care clinic visits. Diagnosing the cause of dizziness can be difficult because symptoms are often nonspecific and the differential diagnosis is broad. The aim of our work is to define an algorithm that will improve the approach of dizziness in primary care.

**Methods:** Literature research of review articles and clinical guidelines, published in the last 10 years, using the Mesh term: "Dizziness"

**Results:** Dizziness can be classified into four types: vertigo, disequilibrium, presyncope, or lightheadedness. The main causes of vertigo are benign paroxysmal positional vertigo, Meniere disease, vestibular neuritis, and labyrinthitis. Parkinson disease and diabetic neuropathy should be considered with the diagnosis of disequilibrium. Presyncopal patients complain of feeling faint and light-headed without losing consciousness. Psychiatric disorders, such as depression, anxiety, and hyperventilation syndrome, can cause vague lightheadedness. The history should first focus on what type of sensation the patient is feeling. It is important to refer that some causes of dizziness can be associated with more than one set of descriptors. Patients should also be asked about medication, caffeine, nicotine, alcohol intake and history of head trauma. The differential diagnosis of dizziness can be narrowed with easy-to-perform physical examination tests, including evaluation for nystagmus, the Dix-Hallpike maneuver, and orthostatic blood pressure testing. Laboratory testing and radiography play little role in diagnosis.

**Conclusions:** Dizziness presents in patients of all ages. Most causes of dizziness are benign, but early recognition of serious or life-threatening disease is important. The goal of the family physician should be to recognize which patients need inpatient management or emergent intervention. On the other hand appropriate diagnosis and treatment can significantly improve quality of life.