Benign paroxysmal positional vertigo

What is BPPV

BPPV stands for Benign Paroxysmal Positional Vertigo. It is a common inner ear condition that causes brief episodes of dizziness or vertigo. These episodes are triggered by changes in head position, such as looking up, lying down, or turning over in bed.

What causes BPPV

BPPV is caused by tiny calcium crystals (otoconia) that become dislodged from their normal location in the inner ear and move into the semicircular canals. This interferes with the normal movement of fluid in the ear, leading to abnormal signals being sent to the brain and resulting in dizziness.

Symptoms

- Sudden, brief episodes of spinning sensation (vertigo).
- Triggered by head movements (e.g. rolling over in bed, looking up).
- Nausea or unsteadiness.
- Episodes usually last less than a minute.
- BPPV itself does not usually cause hearing loss or tinnitus. These symptoms can coexist but need separate assessment.

Diagnosis

BPPV is diagnosed by a healthcare professional using specific head movement tests, such as the Dix-Hallpike manoeuvre, which can trigger symptoms in a controlled setting.

Treatment

BPPV is often treated successfully with a series of head and body movements designed to move the crystals back to their correct location in the ear. These are called canalith repositioning manoeuvres and include:

- The Epley manoeuvre (most common).
- The Semont manoeuvre.

These treatments are usually done by a trained healthcare professional and often provide relief within one or two sessions.

Self-care and home advice

You do not normally need to sleep upright or avoid lying flat after a repositioning manoeuvre. Follow any advice tailored to your health and balance.

Take care on stairs and when getting up. Do not drive, climb ladders or use machinery while dizzy. Ask for help if you are at risk of falling.

Only try home manoeuvres after a clinician has confirmed the diagnosis and shown you a suitable technique. Neck or back problems may require an adapted approach.

When to see a doctor

Arrange a review if symptoms persist or return; you may need a further manoeuvre or assessment for another cause.

Seek urgent assessment the same day for sudden hearing loss or a new, severe or continuous episode of vertigo.

Call 999 for vertigo with new facial droop, limb weakness, speech difficulty, double vision, inability to stand or walk, or a sudden severe headache.

Prognosis

BPPV does not usually damage the inner ear, and treatment is often effective. However, dizziness can increase the risk of falls. Symptoms may recur.

About this information

This leaflet explains the condition and common treatment choices. Your care team will advise what is suitable for you. If you have an operation, follow the specific preparation and aftercare instructions provided by your hospital.

Further information

AAO HNS guideline on BPPV