Vestibular migraine

What is vestibular migraine

Vestibular migraine is a type of migraine that causes episodes of vertigo or dizziness, often without a headache. It affects the balance system (vestibular system) and can interfere with daily activities.

What causes vestibular migraine

The exact cause is not fully understood, but it is thought to involve abnormal brain activity affecting the inner ear or balance centres. It may be triggered by:

- Stress or lack of sleep.
- Individual triggers vary. Foods or drinks may be relevant for some people; avoid restrictive diets unless you have identified a consistent link.
- Hormonal changes.
- Bright lights or strong smells.
- Motion or visual stimulation (e.g. scrolling on screens).

Symptoms

- Vertigo (a spinning sensation).
- Light-headedness or imbalance.
- Nausea or motion sensitivity.
- Visual disturbances or aura.
- Sensitivity to light and sound.
- Headache (not always present).
- Episodes typically last from 5 minutes to 72 hours, although recovery can take longer.

Diagnosis

There is no specific test for vestibular migraine. Diagnosis is based on your symptoms, medical history, and by ruling out other conditions such as BPPV or Ménière's disease. You may be referred to an ENT specialist or neurologist.

Treatment options

Lifestyle changes

- Identify and avoid migraine triggers.
- Maintain regular sleep and meal routines.
- Stay well hydrated and manage stress.

Medication

- Painkillers may help an accompanying headache but do not necessarily relieve vertigo. Ask about safe use and the risk of medication-overuse headache.
- Anti-nausea medication.
- Preventive medicines may be considered if attacks are frequent or disabling. The choice depends on your health and preferences; evidence specifically for vestibular migraine is limited.

Vestibular rehabilitation

- Specialised physiotherapy exercises to improve balance and reduce dizziness.

Self-care tips

- Keep a migraine diary to track triggers and symptoms.
- Avoid skipping meals and reduce screen time if sensitive.
- Practise stress-reducing techniques like mindfulness or yoga.
- Limit caffeine and alcohol.

When to seek help

Arrange a review for disabling, recurrent or unexplained dizziness, or if treatment is not helping. Do not assume every new episode is migraine.

Seek urgent assessment for sudden hearing loss or new severe continuous vertigo. Call 999 for a sudden severe headache, facial droop, limb weakness, speech difficulty, double vision or inability to stand or walk.

Prognosis

Symptoms can improve with treatment and changes to daily routines, but response varies. Your clinician may need to adjust your plan over time.

Medicine and activity safety

Do not drive or use machinery while dizzy or affected by sedating medicines.

If topiramate is considered, it must not be used to prevent migraine during pregnancy. Anyone who could become pregnant must meet the MHRA Pregnancy Prevention Programme requirements. Discuss contraception and pregnancy plans with your prescriber.

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

The Migraine Trust vestibular migraine

MHRA topiramate safety measures