In evaluating the vague symptom of “dizziness,” it is essential to rule out life-threatening illnesses by asking whether the patient has experienced a loss of consciousness, seizure activity, or head trauma.

A careful description of the circumstances surrounding the dizziness episode is necessary. Frequently, the patient’s history may suggest conditions that are easy to evaluate, such as orthostasis, hypoglycemia, hypoxia, or hyperventilation. In the absence of the spinning sensation of vertigo, it is important to consider the diagnosis of a dysrhythmia. The presence of hearing loss can be an ominous warning sign for acoustic neuroma, although it may also be caused by Meniere’s disease. Similarly, a complaint of headache may also warrant neuroimaging, depending on the clinical setting. An acute attack of vestibular symptoms following an upper respiratory infection (URI) suggests acute labyrinthitis, although 50% of cases of acute labyrinthitis may lack a history of URI.

Benign paroxysmal positional vertigo can also present acutely, although it is somewhat more likely to be recurrent. The Dix-Hallpike maneuver should verify the diagnosis, and is the first step in the corrective Epley maneuver. A negative Dix-Hallpike test may indicate acute labyrinthitis if the condition is acute, or other conditions, such as age-related vestibular loss, diabetes, or sleep apnea.

Although patients with vertigo often report difficulty with balance, the absence of the sensation of “spinning” may focus the diagnosis more on other problems of balance, and prompt a search for pathologies that affect the cerebellum and other mechanisms involved with muscle coordination. Finally, having ruled out the most serious conditions, a vague sense of “light-headedness” may suggest intoxication or be indicative of an anxiety disorder. Ruling out the most life-threatening causes of dizziness should provide some reassurance for patients with anxiety.

**Algorithm:** Evaluating dizziness: A stepwise approach

1. **Patient reports dizziness**
   - **Syncope?**
     - Yes
       - Seizure activity or head trauma?
         - Yes
           - Does the history suggest:
             - Orthostasis
             - Hypoglycemia
             - Hypoxia
             - Hyperventilation
           - Perform EKG
             - Pre-excitation syndrome
             - A-fib
           - Order a Holter monitor
             - PSVT
             - V-tach
             - A-fib
             - Bradycardia
         - No
           - Headache?
             - No
               - URI?
                 - No
                   - Perform Dix-Hallpike maneuver
                 - Yes
                   - Hearing loss?
                     - No
                       - Order neuroimaging
                         - Tumor
                         - Vascular lesion
                     - Yes
                       - BPPV
                         - Positive
                           - Benign paroxysmal positional vertigo
                         - Negative
                           - Meniere’s disease
                       - No
                         - Meniere’s disease
             - Yes
               - URI?
                 - Yes
                   - Acute labyrinthitis
                 - No
                   - Perform Dix-Hallpike maneuver
   - No
     - Presyncope?
       - Yes
         - Perform neuroimaging
         - Tumor
         - Vascular lesion
       - No
         - Vertigo?
           - No
             - Disequilibrium?
               - Yes
                 - Evaluate further (eg, ataxia)
               - No
                 - Atypical causes:
                   - Panic attack
                   - Early hyperventilation
                   - Toxin exposure
             - Yes
               - Meniere’s disease
         - No
           - Headache?
             - No
               - URI?
                 - No
                   - Order neuroimaging
                     - Tumor
                     - Vascular lesion
                 - Yes
                   - BPPV
                     - Positive
                       - Benign paroxysmal positional vertigo
                     - Negative
                       - Meniere’s disease
             - Yes
               - URI?
                 - Yes
                   - Acute labyrinthitis
                 - No
                   - Perform Dix-Hallpike maneuver

A-fib, atrial fibrillation; BPPV, benign paroxysmal positional vertigo; EKG, electrocardiogram; OSA, obstructive sleep apnea; PSVT, paroxysmal supraventricular tachycardia; URI, upper respiratory infection; V-tach, ventricular tachycardia.