Dizziness and the Elderly

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Fact Sheet

Produced by

VESTIBULAR REHABILITATION SPECIAL INTEREST GROUP

A Special Interest Group of

ACADEMY OF NEUROLOGIC PHYSICAL THERAPY

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Consequences of Dizziness in the Elderly

Dizziness, vertigo, and imbalance are not a normal part of aging, but represent the most common complaints that elderly patients bring to their physicians. It is estimated that 2.9% of patients older than 65 years and 3.8% older than 75 years will visit an internist because of dizziness.[1] Unfortunately, dizziness in the elderly can lead to disequilibrium, fear of falling, inactivity, and increased fall risk. In the United States, over 1/3 of older adults fall each year.[2,3] In many older adults, such falls lead to moderate to severe injuries, such as hip fracture, that limit mobility and reduce independent living.[4,5] Dizziness is a major contributing factor to falls in the elderly.[6]

Causes of Dizziness

Dizziness in the older adult is rarely caused by a single etiology and can be a result of vestibular hypofunction, undiagnosed benign paroxysmal positional vertigo, other medical conditions, polypharmacy, medication side-effects, or a combination of deficiencies in the visual, vestibular, and somatosensory systems. Peripheral vestibular dysfunction is currently thought to account for 48% of dizziness reported by older adults.[1]

The Role of Physical Therapy in Managing Dizziness

Physical therapists are the practitioners of choice in the rehabilitation and management of vestibular-related balance disorders.[7] A physical therapist specializing in vestibular rehabilitation will perform a thorough examination to determine the cause of symptoms and devise a unique treatment plan to eliminate or minimize dizziness and its consequences. Additional goals of vestibular rehabilitation include reducing fall risk, screening for and correcting benign paroxysmal positional vertigo (often undetected in the elderly[8]), stabilizing balance, retraining the proprioceptive system, improving gaze stability, gait training, and enabling optimal function. Fortunately, aging does not adversely affect rehabilitation outcomes. Research demonstrates that vestibular rehabilitation is just as successful in remediating symptoms in the elderly as in a younger population.[9]

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