Dizziness in Older Persons

Authors: Lisa Dransfield, PT, DPT, MA, Sara MacDowell, PT, DPT

Fact Sheet

Produced by

VESTIBULAR REHABILITATION
SPECIAL INTEREST GROUP

A Special Interest Group of

ACADEMY OF NEUROLOGIC PHYSICAL THERAPY

Contact us:
ANPT
5841 Cedar Lake Rd S.
Ste 204
Minneapolis, MN 55416
Phone: 952.646.2038
Fax: 952.545.6073
info@neuropt.org
www.neuropt.org

a component of

APTA

Consequences of Dizziness in the Older Person

Dizziness, vertigo, and imbalance are not a normal part of aging, but represent the most common complaints that older adults 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 older adults 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] It is estimated that 23% of older adults sustain a fall associated trauma at least once per year.[4] This can significantly impact mobility and reduce independent living.[5,6] Dizziness is a major contributing factor to falls in older adults.[7]

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] It has been reported that 9% of the older adult population may have unrecognized benign paroxysmal positional vertigo (BPPV). [8]

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.[9] 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 BPPV, 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.[10,11] Medication to suppress vestibular symptoms should be used with discretion, especially in older adults, due to potential side effects, prolonged suppression of the vestibular system, and/or medication interactions.[4]

References:

1. Herdman SJ. Vestibular Rehabilitation. 3rd ed. Philadelphia: F.A. Davis Company; 2007.
2. Hornbrook MC, Stevens VJ, Wingfield DJ, Hollis JF, Greenlick MR, Ory MG. Preventing falls among community–dwelling older persons: results from a randomized trial. Gerontologist. 1994: 34: 16–23.
3. Hausdorff JM, Rios DA, Edelber HK. Gait variability and fall risk in community–living older adults: a 1–year prospective study. Arch Phys Med Rehabil. 2001; 82: 1050–1056.
4. Casani A, Gufoni M, Capobianco S. Current insights into treating vertigo in older adults. Drugs Aging. 2021;38:655-670.
5. Alexander BH, Rivara FP, Wolf ME. The cost and frequency of hospitalization for fall–related injuries in older adults. Am J Public Health. 1992; 82: 1020–1023.
6. Sterling DA, O'Connor JA, Bonadies J. Geriatric falls: injury severity is high and disproportionate to mechanism. J Trauma. 2001; 50: 116–119.
7. Agarwal Y, Carey JP, Della Santina CC, Schubert MC, Minor LB. Disorders of balance and vestibular function in US adults: data from the National Health and Nutrition Examination Survey, 2001-2004. Arch Intern Med. 2009;169(10):938-944.
8. Balatsouras D, Koukoutsis G, Fassolis A, Moukos A, Apris A. Benign paroxysmal positional vertigo in the elderly: current insights. Clin Interv Aging. 2018;13:2251-2266.
9. Physical Therapists as Practitioners of Choice to Rehabilitate Persons with Vestibular-Related Balance Disorders (House of Delegates 05-07-18-18). http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws&TEMPLATE=/CM/ontentDisplay.cfm&CONTENTID=67331. Accessed July 17, 2010.
10. Whitney SL, Wrisley DM, Marchetti GF, Furman JM. The effect of age on vestibular rehabilitation outcomes. Laryngoscope. 2002; 112: 1785-1790.
11. Hall C et al. Vestibular rehabilitation for peripheral vestibular hypofunction: an updated clinical practice guideline from the academy of neurologic physical therapy of the American physical therapy association. J Neurol Phys Ther. 2022; 46:118-177.

Produced by

VESTIBULAR REHABILITATION
SPECIAL INTEREST GROUP

a Special Interest Group of

ACADEMY OF NEUROLOGIC PHYSICAL THERAPY

a component of

APTA