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Vertiginous syndrome

The BEACH program (Bettering the Evaluation and Care of Health) shows that management of vertiginous syndrome occurred three times per 1000 encounters from January 2006 to December 2007. This suggests that general practitioners manage vertiginous syndrome approximately 350 000 times nationally each year.

Figure 1. Age-gender specific management rates of vertiginous syndrome

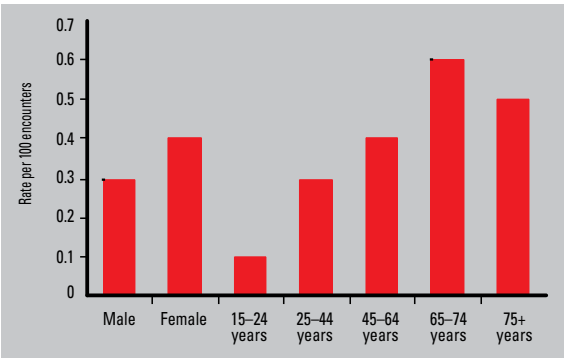

Table 1. Management of vertiginous syndrome

Treatment	Number	Rate per 100 vertiginous syndrome problems (n=652)
Prescribed medications	439	67.3
• prochlorperazine	347	53.2
• betahistine	69	10.6
Other treatments	217	33.3
• advice/education	55	8.4
• therapeutic exercises	43	6.6
Referrals	50	7.7
• ENT specialist	24	3.7
Imaging	35	5.4
• CT scan brain/head	25	3.8
Pathology	107	16.4

The 652 occurrences of vertiginous syndrome recorded over the 2 year period can be divided into benign positional vertigo (38.7%), labyrinthitis (31.9%), Meniere disease (17.4%) and vestibular disorders (12.1%).

Management of vertiginous syndrome was significantly more common among female patients (0.40 per 100 encounters) than male patients (0.26 per 100). The rate rose significantly by age of patient and peaked in the 65–74 years age group (*Figure 1*).

Rates of other problems managed at the encounter were lower than average. These comorbidities reflected the older age distribution of patients with vertiginous syndrome; with hypertension, oesophageal disease and lipid disorders most commonly managed.

Medication prescribing rates, at 67.3 per 100 vertiginous syndrome problems managed, were average for BEACH. The most commonly prescribed medication, prochlorperazine, accounted for more than three-quarters of all medications recorded for vertiginous syndrome. Betahistine accounted for another 15%, with the remainder made up of various groups including diuretics and analgesics.

Total clinical and procedural treatments, referrals and imaging orders were provided at rates close to the average for BEACH encounters. However, specific treatments such as therapeutic exercises, referrals to ear, nose and throat (ENT) specialists, and orders for computerised tomography scans of brain and head were provided at higher rates than normal. The pathology ordering rate of 16.4 was lower than that for all problems managed in BEACH (28.6). *Table 1* shows details of the management of vertiginous syndrome.

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