



## AB207. SOH22ABS025. Persistent postural-perceptual dizziness management: a case series

Debola Shomoye<sup>1</sup>, Majura Kaare<sup>1</sup>,  
Claire Noonan<sup>2</sup>, John Fenton<sup>1</sup>

<sup>1</sup>Department ORL-HN, School of Medicine, University of Limerick, Limerick, Ireland; <sup>2</sup>West Limerick Physiotherapy, Limerick, Ireland

**Background:** Persistent postural-perceptual dizziness (PPPD) is a chronic, functional disorder characterised by non-spinning vertigo, dizziness or unsteadiness that is typically exacerbated by upright posture, movement and complex visual stimulation. Ongoing research suggests that it may stem from alterations in brain structure and maladaptive multi-sensory information processing, postural control mechanisms and cortical integration of spatial orientation. The mainstay of PPPD treatment includes selective serotonin reuptake inhibitors (SSRIs) and serotonin noradrenaline reuptake inhibitors (SNRIs), vestibular rehabilitation therapy (VRT) and cognitive behavioural therapy (CBT)-based interventions. Greater efficacy of combined CBT and VRT or SSRI treatment is consistently reported. However, a review of the literature identifies certain limitations in PPPD management. These include failure of spontaneous resolution of symptoms in a majority of patients and the development of secondary conditions including functional gait disorder with a reported 75% developing comorbid psychiatric disease.

**Methods:** We complete a retrospective study on a series of 35 PPPD cases in University Hospital Limerick between 2016 and 2021.

**Results:** We determine the proportion of patients meeting diagnostic criteria, identify precipitating and comorbid conditions and compare our treatment strategies to proposed guidance in the literature. We explore the

effectiveness of our treatment strategies on patient outcomes, adverse reactions to treatment and complications from residual symptoms.

**Conclusions:** Larger-scale research into the aetiology, treatment and secondary prevention of PPPD in at-risk patients, is warranted to fill the gaps in our knowledge of the most effective management of PPPD. A sequel to this study involves follow-up of the cases for comparative long-term effectiveness of treatment strategies.

**Keywords:** Chronic, dizziness; persistent postural-perceptual dizziness (PPPD); vestibular

### Acknowledgments

*Funding:* None.

### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-22-ab207

**Cite this abstract as:** Shomoye D, Kaare M, Noonan C, Fenton J. AB207. SOH22ABS025. Persistent postural-perceptual dizziness management: a case series. *Mesentery Peritoneum* 2022;6:AB207.