

# Dizziness and balance problems

This factsheet looks at how problems affecting the inner ear can cause long-term dizziness and balance disorders – and how there’s almost always a treatment to help.

**If you frequently have balance problems or feel dizzy, see your GP.**

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**i** If you’d like this factsheet in Braille, large print or audio, please contact our Information Line – see last page for contact details.



## Medical disclaimer

The information given in this factsheet is not medical advice and, by providing it, Action on Hearing Loss does not undertake any responsibility for your medical care, or accept you as a patient. Before acting on the information contained in this factsheet, or deciding on a course of treatment, you should discuss the matter with your GP or other medical professional.

## What is meant by 'dizziness'?

'Dizziness' is a term that means different things to different people. It is often used to describe:

- **vertigo** – the sensation that you, or the environment around you, is moving or spinning
- **light-headedness** – the feeling that you are about to faint
- **unsteadiness** – the feeling that you are about to fall when standing or walking
- **anxiety** – people who are scared, worried, depressed or afraid of open spaces may use the word 'dizzy' to describe how they are feeling ([see page 6](#) for more information).

## Is feeling dizzy normal?

Many people feel dizzy from time to time. It's the sensation you get when your brain receives conflicting messages from the systems that control your balance.

You can feel dizzy for many different reasons and in many ordinary situations – for example, if you move your head suddenly, or when you go on a fairground ride.

Although this dizziness can be unpleasant, most people don't worry about it as it doesn't last long. However, if you feel dizzy frequently, see your GP as it may be a symptom of a balance problem that can be treated.

Make sure you tell your GP about your dizziness in detail, particularly the first time you experienced it (if you still remember). It's a good idea to keep a diary of your dizziness, recording when and where you experience it, and take this along to your GP appointment (see 'What will happen when I see my GP?', [page 7](#)).

## How is balance controlled?

You use your sense of balance every time you move from one position to another, and when you walk, stand, sit or lie down. But you only realise how much you rely on your balance when the system that controls it stops working properly.

You get your sense of balance from three sources:

- your vision
- the sensors in your muscles, joints and tendons

- your vestibular system – a complex set of fluid-filled channels in the inner ear that tell your brain about direction and speed of movement.

Your brain receives information from each of these sources and processes it. Normally, the information from each source perfectly matches, so you can keep your vision steady, move naturally and keep your balance, without having to think about it. If the information received by your brain doesn't match, you'll feel dizzy.

## What causes balance problems?

At first, many people with balance problems worry that they might be suffering from a serious illness, such as a stroke or a brain tumour. Fortunately, this is rare – but if you experience balance problems, see your GP, who can check for the cause. There are immediately recognisable symptoms of stroke: facial weakness, arm weakness and speech problems. If you suspect that you or someone else is having a stroke, call 999 immediately and ask for an ambulance. For more information, visit the Stroke Association's website: [stroke.org.uk](https://www.stroke.org.uk)

While most balance problems are rarely serious, the symptoms can be very unpleasant and have a big impact on your daily life. Many different medical conditions can give you symptoms of dizziness and unsteadiness, although the most common causes are problems within the inner ear.

## Benign paroxysmal positional vertigo (BPPV)

BPPV is the most common balance disorder. It causes repeated short spells of vertigo (spinning dizziness) when you change the position of your head – for example, when you look upwards or turn over in bed. If you have BPPV, you'll feel as if your head is turning when it isn't. The vertigo usually lasts for less than 30 seconds, but you may feel light-headed and unsteady for several minutes or hours afterwards.

It's thought that BPPV happens when small calcium crystals within the inner ear are dislodged from the part of the ear that senses gravity and move to the part that senses head position.

BPPV commonly occurs for no obvious reason, particularly in older people, but it can develop after a head injury, ear surgery, prolonged bed rest, or following an inner-ear infection or disease. It may occur alongside other inner ear conditions such as Ménière's disease ([see page 4](#)).

### What treatment is available?

Most people recover over several weeks, even without treatment, but symptoms can sometimes last much longer and may recur. In most cases, a specialist can reduce some, if not all, of the symptoms of BPPV by using a simple procedure known as the 'Epley' manoeuvre, in which they guide you to perform a series of different head positions. This moves the crystals into another part of the inner ear, where they don't cause balance problems. An alternative procedure, known as the 'Semont' manoeuvre, may be offered instead, but this isn't used as frequently.

## Head injury

Head injuries, including mild bangs to the head, can cause balance disorders (such as BPPV – [see page 3](#)). The type of problem and how severe it is depends on the severity of the head injury. If you have dizziness following a head injury, see your GP as soon as possible, or go to your nearest hospital's A&E department.

## Ménière's disease

Ménière's disease is a less common disorder of the inner ear. It usually affects one ear and causes regular episodes of:

- vertigo (spinning dizziness) – this is the main symptom, which often causes nausea and vomiting
- hearing loss
- tinnitus (noise in the ears or head, which doesn't have an external source)
- a sense of pressure (fullness) in the affected ear.

Ménière's disease develops differently over time from person to person, and the symptoms may vary depending on the stage of the disease. Each episode lasts from 20 minutes to 24 hours.

The cause of Ménière's disease is not known, but it's likely to be associated with raised pressure in one of the fluid-filled compartments in the inner ear. The symptoms of the disease can be controlled through diet and medication(s) – most people can find a treatment that works for them.

 For more information, see our factsheet *Ménière's disease*.

## Infections

The most common cause of a sudden episode of dizziness is a simple viral infection, such as the common cold or flu, spreading to your inner ear or the nerve that carries balance-related information from your ear to your brain. Symptoms are usually mild and get better after a few weeks. However, a small number of people have symptoms that last for several months or possibly years – this can have a big impact on their quality of life.

In most cases, treatment for these infections involves bed rest and medication. However, if symptoms are persistent and long-lasting, balance retraining exercises may help, which include head and balance exercises. This therapy attempts to 'retrain' the brain to cope with the altered signals sent from the affected ear.

Serious infections such as meningitis can also lead to balance problems, as can the antibiotics used to treat life-threatening infections (see below).

## Ototoxic drugs

Occasionally, certain drugs used to treat life-threatening infections and diseases can damage the hearing and balance systems within the inner ear. These drugs are called 'ototoxic'. The damage can be temporary or permanent and can range from mild to severe. If you are prescribed ototoxic drugs, your doctor will explain the side effects before treatment and you should make them aware of any hearing or balance problems following treatment.

Other prescribed drugs may also cause balance problems, such as those taken for high or low blood pressure, or drugs that have an effect on the central nervous system, such as antidepressants, sedatives, tranquillisers and anticonvulsants. These can often cause feelings of unsteadiness. Check the patient information leaflet that comes with any medicine you're taking to see if vertigo is listed as a possible side effect. If you are concerned or are experiencing any problems, see your GP.

## Cholesteatoma

A cholesteatoma is an abnormal collection of skin cells that grows in the middle ear, behind the eardrum. It is usually caused by repeated infection. Over time, the cholesteatoma can grow and destroy the delicate bones in the middle ear. In rare cases, if the cholesteatoma continues to grow, it can cause hearing loss, dizziness and facial muscle paralysis. If you notice any of these symptoms, see your GP or specialist immediately, as bone erosion can cause the infection to spread to the inner ear and brain, which can be serious.

## Glue ear

Glue ear (also known as 'otitis media with effusion') is more common in young children, when it often occurs after a middle ear infection. After the infection has been treated, fluid remains in the inner ear, causing hearing loss and possible balance problems.



For more information, see our factsheet *Glue ear*.

## Vestibular migraines

A vestibular migraine is most commonly characterised by:

- sudden attacks of vertigo (spinning dizziness), often accompanied by nausea and vomiting
- sensitivity to light and sound
- disorientation.

Vertigo and headache may not necessarily happen together and sometimes vestibular migraines occur without any headache at all. There are effective treatments for migraines, and methods that can help prevent them developing. Speak to your GP to find out more.

## Cervicogenic dizziness

This type of dizziness is associated with neck pain, and is sometimes accompanied by a headache. People with cervicogenic dizziness tend to complain of vertigo that is worse when they move their head, or after they have had their head in one position for a long time. Often, the dizziness will decrease if the neck pain decreases. The dizziness can last from minutes to hours. It may sometimes be necessary to have neck X-rays or scans, as appropriate.

Cervicogenic dizziness can be successfully treated using a combination of manual therapy and rehabilitation, which includes head and balance exercises. Manual therapy is routinely used by physiotherapists and involves using hands to put pressure on muscle tissue and move joints to decrease pain caused by muscle spasm, muscle tension and joint dysfunction.

## Neurological causes

Rarely, a problem in parts of the brain responsible for balance can cause balance problems. This usually affects people who have already been diagnosed as having a neurological (brain or nerve) disease. It's extremely unusual for a balance problem to be the only symptom of a neurological disease.

## Operations

If you have an operation on your ear, it may affect your balance, either temporarily or permanently.

## How do I know if I have a problem with my balance?

- You might feel dizzy, light-headed, unsteady or that you are about to faint.
- You may notice that your vision is slightly blurred or out of focus.
- When you walk, you may feel as though the world is 'bobbing up and down'.
- You may have a feeling of motion when your body is still.
- You may also feel pulled to one side when you stand up or walk, or, in extreme cases, actually fall over.

Some of these symptoms can be very severe if there is a sudden loss of balance function in the inner ear. You may feel like you are spinning around, as if you're on a roundabout. You might be sick and find you can't walk across a room.

You may also develop associated symptoms such as:

- anxiety, panic attacks, depression, difficulty concentrating
- fatigue (tiredness)
- headaches and neck pain.

These are explained in more detail below.

## Anxiety, panic attacks and depression

You may find that your balance problems make you anxious or depressed or give you panic attacks. It may be that you're afraid that you'll feel dizzy away from home and you may worry about not being able to cope. Or you may be concerned about what is causing the dizziness. These symptoms can be more difficult to cope with than the dizziness or unsteadiness itself and can slow down your recovery. Any of these symptoms should be discussed with your GP.

## Fatigue

If you have balance problems, you need to concentrate a lot to keep your balance and carry on as normal. This can make you feel more tired.

## Headaches and neck pain

When some people get dizzy, they hold their head very still because they find that moving it around makes them dizzy. However, holding your head very still can cause tension in your neck muscles, which begin to ache, and the pain may then go on up into your head. Headaches and neck pain can make people wrongly think their dizziness is caused by a neck problem.

If you keep your head still, you'll also slow down your recovery.

## What will happen when I see my GP?

Your GP will ask you questions about your symptoms and try to find out the cause of your balance problems. They may give you a physical examination, which will involve looking inside your ears and checking your balance, and carry out further tests.

If necessary, your GP will refer you to a hospital or specialist, such as an ear, nose and throat consultant or an audiovestibular physician, for further tests to find out the cause of your balance problems.

## How are balance problems treated?

What treatment you receive depends on the underlying cause of your balance problem. However, simple treatments can help with sudden, severe dizziness.

You might be prescribed a short course of an anti-sickness drug to help your nausea (sickness) and a drug to ease your dizziness, known as a vestibular sedative. You should only take the drugs prescribed for dizziness and sickness for a few days. If they are used for longer periods, they may slow down your natural recovery.

## Getting better naturally

Fortunately, the brain is very good at readjusting to balance problems, and after a few days or several weeks it's likely that you'll feel better. This happens despite the fact that the balance information sent to your brain is still upset in some way. This recovery process is known as 'cerebral/central compensation'. In the early stages of recovery, compensation isn't always 100% efficient. You may feel better on some days than on others. This doesn't mean that the original condition is coming back or that the problem is getting worse.

If you're feeling extremely dizzy and sick, it can take from a few hours to two or three days to settle. Unsteady and slight dizzy feelings may take weeks to go away and eventually disappear.

You will help your recovery if you move as normal. This means that your brain will receive the important information it needs to adapt and make up for the balance upset. If your symptoms are still affecting you after six weeks, or you don't get better naturally, your doctor may refer you to a specialist.

## Specialist help and treatment for balance problems

The specialist will examine your eye movements, inner ears and joint sensors. Special balance tests will find out how well you are using the information from your eyes, ears and joints to keep your balance. If you have joint problems, such as arthritis, your specialist will discuss treatment options. They will also recommend that you have any sight problems corrected. For example, you may need new glasses.

## Balance retraining exercises

If your balance problem is caused by damage to the inner ear – for example, from an infection or a head injury, balance retraining exercises may help you get better. These might be from a set list – such as the Cawthorne-Cooksey exercises – or you might be given exercises specifically for your problems.

Exercises are usually taught by a specially trained audiologist or physiotherapist with experience of helping people with balance problems. They will help you work out which movements you need to practise and you'll be able to do them at your own pace. These exercises often make you feel worse at first, before improvements are seen. You'll need to do the exercises a couple of times each day for several weeks before they start to help. You should continue with your exercise programme until you can perform each exercise without feeling any balance symptoms. This may take weeks, sometimes six to nine months or even longer. Remember that everyone is different and there is no 'correct' time that it will take to get better.

**Please note:** Balance retraining exercises are not suitable for some kinds of balance problems. If you have balance problems, always speak to your GP before starting any kind of exercise.

## General exercise

General exercise is important in helping people with balance problems get better. You should concentrate on whatever exercise you particularly enjoy.

## Cognitive behavioural therapy

If you have had balance symptoms for a long time, you may well feel anxious, depressed or have panic attacks ([see page 6](#)). These symptoms need to be treated at the same time as the underlying cause of your balance problem.

You may be offered cognitive behavioural therapy (CBT). This will help you take more control of your symptoms, especially in situations that make you feel anxious. CBT can be very effective at helping you tackle everyday tasks that you may have come to avoid, and this can help you to recover more quickly.

If you are depressed, you may need specific anti-depressant treatment; you should discuss this with your doctor.

## Surgery

If you have severe dizziness that doesn't improve with drugs or other forms of treatment, you may be offered an operation. However, this is rarely necessary and is not a suitable option for the vast majority of people. Your specialist will discuss surgery with you.

## How long does it take to recover from balance problems?

Recovery takes time and there are many different factors that may slow it down. These include:

- being unable to move around a lot
- other illnesses, including a simple cold
- drugs that you might have been prescribed to deal with the severe symptoms, including anti-sickness and anti-dizziness drugs
- drugs that affect the central nervous system
- stressful situations
- sight problems
- joint problems.

Your doctor will look at all these factors to make sure you have the most effective recovery plan for your needs.

Even when a balance problem is taking a very long time to improve, there is almost always a rehabilitation programme that will help if you can stick with the exercises and the psychological support provided. If you stay positive, you will help your recovery.

## Where can I get more information about balance problems?

You may be interested in our factsheet *Ménière's disease*, our **Tinnitus** range of information, as well as our other **Hearing health** factsheets about different ear conditions.

You can order these from our Information Line (see [last page](#) for contact details) or download them from our website at [actiononhearingloss.org.uk/factsheets](http://actiononhearingloss.org.uk/factsheets)

## Other organisations

### Ménière's Society

A charity for people with dizziness and balance disorders of vestibular origin. It provides support and information to people affected by vestibular disorders and funds research into all aspects of these conditions.

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The Information Standard certifies us as producers of high-quality, evidence-based information.

Thank you to **Dr Rudrapathy Palaniappan, Consultant Neuro-otologist in Audiovestibular Medicine**, Royal National Throat, Nose and Ear Hospital, who reviewed this factsheet for us, to make sure it is accurate and based on the most up-to-date research and evidence.

For a list of references for this factsheet, please email [references@hearingloss.org.uk](mailto:references@hearingloss.org.uk)

## Did you find this factsheet helpful?

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- hearing aids and cochlear implants
- useful products and technology
- communication tactics and support
- benefits and grants
- your rights.

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