Starting point for improving the approach to vertigo in primary care

Background
Benign paroxysmal positional vertigo (BPPV) is a prevalent and disabling pathology. Its diagnosis and treatment according to clinical practice guidelines is carried out through canalicular repositioning maneuvers, but these maneuvers are not performed routinely in primary care consultations.

Aim
To analyse the baseline data from the VERTAP randomised community trial that evaluates whether a blended course is effective in improving the adherence of primary care physicians to clinical practice guidelines.

Method
Baseline data 2021. Scope: 20 primary healthcare centers with an assigned population of 514157. Outcome variables: sex, age, diagnoses related to vertigo/dizziness, anti-vertigo medications prescribed, number of referrals to the otolaryngologist and neurologist, complementary examinations, and sick leave.

Results
Vertigo/dizziness-related diagnoses totaled 21 359 cases, with a prevalence of 4.15%. Women made up 51.49% of cases. Median age was 52.00 (41.00, 65.00) years. Non-specific diagnoses totaled 18 617 (87.16%), including dizziness (n = 13 846, 64.83%), unspecified vestibular function disorder (n = 962, 4.50%), aural vertigo (n = 7, 0.03%), and other (n = 3802, 17.80%). Specific diagnoses totalled 2742 (12.84%), including BPPV (n = 1665, 7.80%), vestibular neuritis (n = 24, 0.11%), Menière’s disease (n = 992, 4.64%), and central vertigo (n = 61, 0.29%). Anti-vertigo drugs prescribed included betahistine (n = 13 338, 62.45%), sulpiride (n = 3379, 15.82%), and dimenhydrinate (n = 20, 0.093%). Complementary examinations included computed tomography (n = 5704, 26.70%) and magnetic resonance (n = 604, 2.83%). One temporary disability for work (n = 1468, 6.87%); ≥2 temporary disability for work (n = 275, 1.29%).

Conclusion
The majority of diagnostic records related to vertigo/dizziness were non-specific (9 out of 10). The number of prescriptions for betahistine, and referrals, mainly to an otolaryngologist, are considerable and an avoidable expense. Better knowledge about vertigo/dizziness in care could improve the diagnostic and therapeutic accuracy of this pathology as well as the social and health costs it produces.

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