SYMPTOM

Dizziness and vertigo

Dizziness is a feeling of spinning, light-headedness, imbalance, or unsteadiness

WHAT IT FEELS LIKE
Spinning, light-headedness, or feeling unsteady

WHERE IT IS FELT
Head and whole-body sense of balance

MOST COMMON CAUSES
Positional vertigo, dehydration, medication effects

WHEN IT IS URGENT
New weakness, trouble speaking, fainting, chest pain, or severe headache

USUALLY LASTS
Seconds to days, depending on the trigger and cause

SEE A DOCTOR IF
It persists, keeps returning, or disrupts walking or daily life

Overview

Dizziness can mean feeling light-headed, faint, unsteady, or as though your surroundings are moving.

Vertigo is a specific type of dizziness that creates a false sense of spinning, tilting, or movement. It often involves the inner ear, which helps control balance, but can have other causes.

Timing and triggers provide important clues. Symptoms lasting seconds after turning your head differ from dizziness that continues for hours. Hearing loss, headache, weakness, or an irregular heartbeat may also help identify the cause.

What it may feel or look like

Dizziness may feel like:

Vertigo may cause nausea, vomiting, sweating, or rapid eye movements. Ringing, reduced hearing, or pressure in an ear can also occur.

Light-headedness may be worse after standing, overheating, missing a meal, or not drinking

enough. Imbalance can become more noticeable in darkness or on uneven ground.

- The room is spinning or shifting
- You might faint or black out
- You are floating, swaying, or walking on an uneven surface
- Your balance is poor when standing or walking
- Your vision moves or is difficult to focus
- Your head feels heavy or "foggy"

Common causes

Common causes include benign paroxysmal positional vertigo, or BPPV. This inner-ear problem causes brief spinning when you roll over in bed, look up, bend down, or turn your head. It is not dangerous, although symptoms can be unpleasant.

Dehydration, overheating, illness, blood loss, or standing quickly can temporarily reduce blood flow to the brain, usually causing light-headedness rather than spinning.

Medicines for blood pressure, sleep, anxiety, seizures, pain, or allergies may cause dizziness. Alcohol and other substances can also affect balance. Do not stop prescribed medicine suddenly without medical advice.

Other possible causes include migraine, inner-ear inflammation, anxiety or panic, low blood sugar, anaemia, heart rhythm problems, and combined age-related changes in vision, sensation, strength, and balance.

Ménière disease can cause episodes of vertigo with hearing changes, ringing, or pressure in one ear. Dizziness may also follow a head injury.

Urgent causes are less common. A stroke affecting balance pathways may cause sudden, ongoing dizziness, severe trouble walking, double vision, weakness, numbness, or speech changes. Serious heart problems may cause dizziness with chest discomfort, shortness of breath, or fainting.

When to seek medical care

Call emergency services for sudden dizziness or vertigo with:

Do not drive yourself if you may be having a medical emergency.

Seek same-day medical care for new hearing loss in one ear, repeated vomiting that prevents

you keeping fluids down, a rapid or irregular heartbeat, or new persistent dizziness that makes walking unsafe.

Book a routine appointment if dizziness keeps returning, lasts longer than expected, causes falls, or disrupts daily life. Arrange follow-up if it began after starting or changing medicine, or occurs with ongoing headaches, ringing in the ears, or gradual hearing changes.

- Face drooping, one-sided weakness or numbness, or trouble speaking
- New double vision, confusion, or inability to stand or walk
- A sudden severe headache or severe new neck pain
- Chest pain, marked shortness of breath, or fainting
- Symptoms following a significant head injury

How the cause is found

Describe whether you feel spinning, faintness, imbalance, or another sensation. A healthcare professional may ask when it began, how long episodes last, what triggers them, and whether symptoms occur while still or only during movement.

They may review your medicines, recent infections, migraine history, fluid intake, hearing changes, falls, and heart symptoms.

Examination may include blood pressure checks while lying and standing, examination of your ears and eye movements, and assessment of walking, coordination, strength, and sensation. If BPPV is suspected, controlled head movements may be used to reproduce symptoms and observe eye movements.

Blood tests, hearing tests, a heart tracing, or brain imaging may sometimes be needed. Tests are selected according to your symptoms and examination findings.

Treatment and self-care

Treatment depends on the cause. BPPV often improves with a sequence of head and body movements called a canalith repositioning manoeuvre. A trained clinician or physiotherapist can confirm the diagnosis and show you how to perform it safely.

Vestibular rehabilitation uses eye, head, and balance exercises to help the brain adjust to changed balance signals. It may help with inner-ear conditions or ongoing imbalance.

Medicines may reduce severe nausea or motion sensations, but some cause sleepiness and

may not suit prolonged use. Underlying conditions such as migraine, anaemia, or heart rhythm problems need specific treatment.

While dizzy:

- Sit or lie down until the sensation settles
- Stand slowly and use support if needed
- Drink fluids if you may be dehydrated and have no fluid restriction
- Avoid driving, ladders, heights, and dangerous machinery
- Keep walkways well lit and remove trip hazards

What to expect

BPPV usually causes episodes lasting less than a minute after certain head movements, although mild unsteadiness may continue between episodes.

Light-headedness after standing often settles within minutes of sitting or lying down. Inner-ear inflammation may cause continuous symptoms for days, followed by gradual improvement over several weeks. Migraine-related dizziness may last from minutes to hours or sometimes longer.

Seek reassessment if symptoms do not improve, change in character, or become more frequent. Recovery may be slower when several factors are involved, such as medicine effects, poor vision, muscle weakness, and an inner-ear problem.

Common questions

Is vertigo the same as dizziness?

Vertigo is one form of dizziness and specifically means a false feeling of movement. Dizziness can also mean faintness, imbalance, or a vague disconnected feeling.

Can anxiety cause dizziness?

Yes. Anxiety can affect breathing, attention, and balance sensations. However, new or persistent dizziness should not automatically be assumed to be anxiety.

Can blood pressure cause dizziness?

A drop in blood pressure after standing can cause brief light-headedness. Very high blood pressure does not usually explain dizziness by itself, so other causes may need consideration.

Should I try a vertigo manoeuvre at home?

Repositioning manoeuvres can help BPPV, but not every type of dizziness is BPPV. Have the pattern confirmed and learn the correct manoeuvre, especially if you have neck or back problems.

Sources

- Bhattacharyya N, Gubbels SP, Schwartz SR, et al. Clinical Practice Guideline: Benign Paroxysmal Positional Vertigo (Update). Otolaryngology-Head and Neck Surgery. 2017;156(3 Suppl):S1-S47
- Edlow JA, Carpenter C, Akhter M, et al. GRACE-3: Acute Dizziness and Vertigo in the Emergency Department. Academic Emergency Medicine. 2023;30(5):442-486
- National Institute for Health and Care Excellence. Suspected Neurological Conditions: Recognition and Referral. NICE guideline NG127; sections on dizziness and vertigo in adults
- National Institute on Deafness and Other Communication Disorders. Balance Disorders. National Institutes of Health
- American Stroke Association. Stroke Symptoms and Warning Signs. American Heart Association