SYMPTOM

Vertigo

Vertigo is a false feeling that you or your surroundings are spinning or moving.

WHAT IT FEELS LIKE
Spinning, tilting, or moving when you are still

WHERE IT IS FELT
In your head and whole-body sense of balance

MOST COMMON CAUSES
BPPV, vestibular migraine, inner-ear inflammation

WHEN IT IS URGENT
New weakness, speech trouble, severe headache, or inability to walk

USUALLY LASTS
Seconds to days, according to the cause

SEE A DOCTOR IF
Episodes recur, persist, disrupt life, or involve hearing changes

Overview

Vertigo is the sensation that you or your surroundings are moving when there is no actual movement. It often feels like spinning, but it can also feel like tilting, swaying, or being pulled to one side.

Vertigo is a symptom, not a disease. It can result from problems in the inner ear, the nerve that carries balance signals, or parts of the brain that process movement and balance.

People sometimes use "vertigo" to describe any dizziness. However, feeling faint, weak, or light-headed is different and may have other causes. Vertigo is also not the same as a fear of heights.

What it may feel or look like

An episode may begin suddenly or build gradually. It may happen only when you turn your head, roll over in bed, look upward, or stand up. In other cases, the sensation continues even while you are still.

You may also have:

The pattern offers useful clues. Note how long episodes last, what triggers them, and whether you have hearing changes, headache, weakness, numbness, or vision problems.

- Unsteadiness or difficulty walking
- Nausea or vomiting
- Rapid, uncontrolled eye movements, called nystagmus
- Sensitivity to movement, light, or busy surroundings
- Ringing, pressure, or reduced hearing in one ear
- Headache or migraine symptoms

Common causes

Benign paroxysmal positional vertigo (BPPV) causes brief spinning after certain head movements. It happens when tiny calcium crystals in the inner ear move into a balance canal where they do not belong. Episodes often last less than a minute, although nausea or unsteadiness may continue.

Vestibular migraine can cause vertigo with or without a headache. You may also notice sensitivity to light, sound, or movement. Episodes can last from minutes to days.

Vestibular neuritis is inflammation affecting the balance nerve between the inner ear and brain. It often causes sudden, continuous vertigo lasting hours or days. Hearing is usually not affected.

Labyrinthitis involves the inner ear structures responsible for balance and hearing. It can cause vertigo together with hearing loss or ringing.

Less common causes include Ménière disease, medication side effects, previous head injury, or a growth affecting the hearing and balance nerve. Some conditions described as dizziness, such as dehydration, low blood pressure, or an irregular heartbeat, usually cause light-headedness rather than true spinning.

A stroke or another brain disorder can sometimes cause vertigo. This is less common, but it is important when certain warning signs are present.

When to seek medical care

Call emergency services if vertigo occurs with:

These symptoms can have several causes, including conditions that need immediate

assessment. Do not drive yourself.

Seek same-day medical care for sudden hearing loss, especially in one ear, even if the vertigo improves. You should also get prompt help after a significant head injury or if repeated vomiting means you cannot keep fluids down.

Arrange a routine appointment if episodes keep returning, do not settle, interfere with daily activities, or come with ongoing hearing changes. An appointment is also appropriate if you are falling or feel unsafe walking.

- New weakness, numbness, facial drooping, or trouble speaking
- New double vision, severe loss of coordination, or inability to walk
- A sudden, unusually severe headache or new severe neck pain
- Fainting, chest pain, marked breathing difficulty, or confusion

How the cause is found

A clinician will ask when the vertigo began, how long each episode lasts, and whether movement triggers it. They may ask about migraine, recent infections, medicines, hearing symptoms, falls, and neurological symptoms such as weakness or double vision.

The examination may include checking your eye movements, hearing, balance, walking, strength, sensation, and coordination. A positional test may be used if BPPV is suspected. This involves moving your head and body while watching for vertigo and specific eye movements.

A hearing test may be helpful when hearing has changed. Blood tests or brain imaging are not needed for every episode. They may be arranged when the history or examination suggests another cause. Specialized eye-movement tests used for continuous severe vertigo should be performed only by appropriately trained clinicians.

Treatment and self-care

Treatment depends on the cause. BPPV often improves with a sequence of guided head and body movements called a canalith repositioning manoeuvre. This moves displaced inner-ear crystals out of the affected canal. It is best to confirm the diagnosis and affected side before trying a home manoeuvre, particularly if you have neck or back problems.

Short-term anti-nausea or motion-sickness medicine may sometimes be offered for severe symptoms. These medicines can cause drowsiness, and prolonged use may slow the balance system's recovery in some inner-ear conditions. Use them only as directed.

Vestibular rehabilitation uses exercises to help the brain adjust to altered balance signals. It may help when unsteadiness continues after the intense spinning has eased. Migraine-related vertigo may be managed by addressing migraine triggers and discussing migraine treatment with a clinician.

During an episode, sit or lie somewhere safe. Move slowly, use support when walking, and avoid driving, ladders, or machinery. Sip fluids if nausea allows. Once it is safe, gradually returning to normal movement may support recovery better than staying completely still for long periods.

What to expect

The outlook depends on the cause. BPPV may improve quickly after a repositioning manoeuvre but can return. Severe vertigo from an inflamed balance nerve often settles over several days, while mild unsteadiness can take longer to improve.

Recurring conditions, including vestibular migraine and Ménière disease, may need ongoing assessment and a management plan. Persistent symptoms do not always mean that the original condition is worsening; the brain may need time and rehabilitation to adjust.

Common questions

Can stress cause vertigo?

Stress and poor sleep can make dizziness more noticeable and may trigger migraine-related vertigo. However, new or persistent vertigo should not automatically be assumed to be caused by stress.

Should I stay in bed until it passes?

Rest may help during intense spinning. Once you can move safely, gentle activity is often useful. Prolonged bed rest can worsen weakness and delay the balance system's adjustment.

Is vertigo contagious?

Vertigo itself is not contagious. Some cases follow a viral illness, but the balance symptom cannot be passed to another person.

Can I drive with vertigo?

Do not drive while you are spinning, unsteady, or taking medicine that makes you drowsy. If episodes are sudden or recurring, ask a clinician about when it is safe to resume driving and check local licensing rules.

Sources

- National Health Service. Vertigo
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