

## A Physician's Guide to Drugs that Cause Dizziness

According to the American Academy of Family Physicians, dizziness accounts for an estimated 5 percent of primary care clinic visits.<sup>1</sup>

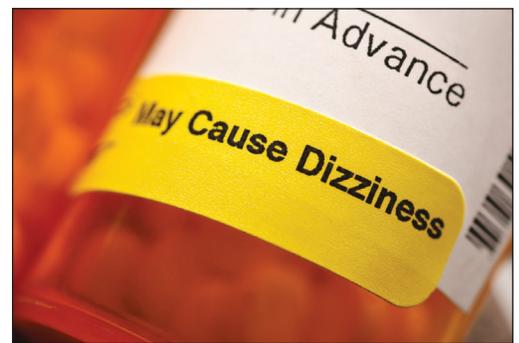
Getting to the bottom of a patient's dizziness can take some investigation. In many cases, patients experiencing dizziness may suffer from a vestibular issue, such as benign paroxysmal positional vertigo (BPPV), labyrinthine hypofunction, or another vestibular problem that can be treated effectively.

While some vestibular conditions are fairly straightforward, others can be complicated by drug interactions. There are more than 2,000 drugs and more than 400 side effects that could impact the accuracy of an audiometric or vestibular evaluation, including recommendations for intervention and management.<sup>2</sup>

Further complicating the issue is the fact that many older adults take multiple prescription medications, herbal supplements and over-the-counter medications, often without considering the implications and sometimes without consulting with a medical professional.

According to a recent survey in the United States of a representative sample of 2,206 adults (aged 62-85 years), at least one prescription was used by 87 percent of those surveyed. Five or more prescription medications were used by 36 percent, and 38 percent used over-the-counter medications.<sup>2</sup>

Common medications, including those that control high blood pressure or alter the neurochemistry of the brain, can intensify or cause dizziness. Experts estimate approximately 30 percent of patients experience these side effects.<sup>3</sup>



### Patient History

Your patient history can provide valuable information key to differentiating between peripheral and central dizziness. In addition, at Associated Audiologists, we ask each patient about any medications or herbal supplements they take. Unfortunately, based on anecdotal experience, some patients can recall the names of the medications they take, but not the reasons they were prescribed originally. And many patients don't recognize the importance of sharing information.

If you suspect a medication or herbal supplement may be causing or contributing to your patient's condition, please note this in his/her history and include this information when you make a referral.

Likewise, if a patient mentions a medication or supplement not included in your notes, we will take this into consideration during our evaluation and will share this important information with you. In rare instances, patients may disclose information regarding the misuse of prescription drugs, including discontinuing

a medication against medical counsel, increasing frequency, etc. Our providers make it a point to notify the prescribing physician to ensure the safety of our patients.

### Common Medications that May Cause Problems

While many drugs can cause vestibular problems, the medications most frequently responsible for dizziness and lightheadedness in patients may include:

- Antidepressants: Fluoxetine (Prozac) and trazodone (Desyrel)
- Anti-convulsants: Divalproex (Depakote), gabapentin (Neurontin) and pregabalin (Lyrica)
- Blood pressure drugs: All drugs used to treat the condition, including ACE inhibitors such as Lisinopril (Zestril), beta-blockers such as propranolol (Inderal), diuretics such as furosemide (Lasix) and hydrochlorothiazide and calcium-channel blockers such as nifedipine (Procardia)
- Muscle relaxants: Cyclobenzaprine (Amrix) and metaxalone (Skelaxin)
- Pain relievers: Hydrocodone and over-the-counter ibuprofen and naproxen
- Sleeping pills: Diphenhydramine (Benadryl, Unisom, Sominex), temazepam (Restoril), eszopiclone (Lunesta) and zolpidem (Ambien)
- Antihistamines

- Chemotherapeutic agents
- Nitroglycerin<sup>4</sup>

### Risks and Diagnostic Testing

Whether a drug or supplement is the cause or a contributor to a vestibular issue, the risks can be significant. Having an active vestibular issue doubles a patient's fall risk. In fact, according to the Centers for Disease Control and Prevention, falls are the leading cause of accidental injury and death in people over 65.

If your physical examination cannot reproduce the patient's dizziness in the office, referral to a vestibular specialist may be warranted for more advanced testing.

Associated Audiologists has a robust Vestibular Program for the diagnosis and management of your dizzy patients. The program's services are provided by Danielle Dorner, Au.D., FAAA, vestibular specialist.

Dr. Dorner uses the most sophisticated technology available to diagnose and treat dizziness and balance disorders, including:

- Video Head Impulse Testing (vHIT)
- Auditory Brainstem Response
- Dynamic Visual Acuity
- Electro-oculography
- Rotary Chair
- Sensory Organization Performance
- Electrocochleography
- Vestibular Evoked Myogenic Potential
- Video/Electro-nystagmography

### References

- 1 Dizziness: A Diagnostic Approach. Post RE, Dickerson LM. Am Fam Physician. 2010, Aug. 15; 82 (4): 361-8, 369.
- 2 Drug Side Effects on Audiological and Vestibular Testing. Disogra RM. Audiology Today. May/June 2017, Vol.
- 3 Dizziness Can be a Fatal Side Effect of Many Medications. Stern V. Scientific American, Jan. 1, 2015.
- 4 Drugs that Can Make You Dizzy. Consumer Reports. May 2015.

**For more information or to refer a patient to Associated Audiologists, call 816-442-7831.**

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