STANDARD OPERATING PROCEDURE

# Approach to Dizziness

**Special Region (1)**

Union of Myanmar

VERSION:1.0

EFFECTIVE DATE:31 March 2026,

REVIEW DATE:31 March 2028;

APPROVED BY:Internal Medicine Unit

## 1. Purpose

To provide a structured, cause-prioritized approach to dizziness, ensuring efficient diagnosis by addressing common causes first while not missing life-threatening conditions.

## 2. Definition

Dizziness is a non-specific sensation that includes:

- Lightheadedness
- Presyncope
- Imbalance
- Non-specific "floating" feeling

## 3. Approach

### Step 1: Exclude Vertigo

If spinning sensation present → Refer to SOP – Approach to Vertigo.

### Step 2: Rule Out Life-Threatening Causes First

| Condition | Clues |
|---|---|
| Arrhythmia | Palpitations, irregular pulse |
| Acute coronary syndrome | Chest pain |
| Stroke | Focal deficit |
| Severe hypotension | Shock signs |

If present → Immediate referral/admission

### Step 3: Common Causes Approach

#### 3.1 Orthostatic / Volume-Related Causes

**Common causes:** Dehydration, blood loss, diuretics

**Key Features:** Worse on standing, improves on lying down

**Diagnosis:** Drop ≥20 mmHg systolic BP

**Management:** Fluids, adjust medications

### 3.2 Medication-Induced Dizziness

**Common Drugs:** Antihypertensives, sedatives, antidepressants

**Clues:** Recent drug initiation/change

**Management:** Dose adjustment / stop drug

### 3.3 Anxiety / Functional Dizziness (Very Common in <50)

**Particularly common in:** Age <50, no red flags, normal examination

**Features:** Vague "floating" sensation, palpitations, hyperventilation, stress

**Diagnosis:** Diagnosis of exclusion

**Management:** Reassurance, breathing exercises and consider anxiolytics

### 3.4 Metabolic Causes

| Condition | Clues |
|---|---|
| Hypoglycemia | Sweating, confusion |
| Anemia | Fatigue, pallor |
| Electrolyte imbalance | Weakness |

**Management:** Correct underlying cause

### 3.5 Cardiovascular Causes

Arrhythmia – Sudden episodes

Structural heart disease – Murmur

Requires ECG ± referral

### 3.6 Neurological Causes

Cerebellar disease – Ataxia

Parkinsonism – Gait instability

### 3.7 Rare Causes

Endocrine (hypothyroidism), chronic fatigue syndrome

## 4. Investigations

- RBS – All patients
- CBC – Suspected anemia
- ECG – All >40 or cardiac suspicion
- Electrolytes – If severe/persistent

## 5. Management Algorithm

1. Exclude vertigo
2. Rule out emergency causes
3. Assess orthostatic BP
4. Review medications
5. Screen for anxiety
6. Check basic labs

## 6. Indications for Admission

- Syncope
- Cardiac cause suspected
- Neurological deficit
- Persistent unexplained dizziness

## 7. Red Flags

- Chest pain
- Focal weakness
- Syncope
- Severe hypotension
- Persistent vomiting

---

## References


1. Clinical policy: critical issues in the evaluation of adult patients presenting to the emergency department with dizziness. *Ann Emerg Med*. 2017.
2. American Academy of Neurology. Practice guideline: evaluation of dizziness and vertigo. *Neurology*.
3. National Institute for Health and Care Excellence. Dizziness – assessment and management. London: NICE; 2023.
4. European Society of Cardiology. Guidelines for syncope management. *Eur Heart J*. 2018.
5. Harrison's Principles of Internal Medicine. 21st ed. McGraw-Hill; 2022.
6. Tintinalli's Emergency Medicine. 9th ed. McGraw-Hill; 2020.