



Persistent postural-perceptual dizziness (PPPD/3PD)

What is Persistent Postural-Perceptual Dizziness (PPPD)?

PPPD is a 'functional neurological' condition affecting the balance (vestibular) system within the brain. There is no structural damage to the brain. This condition is common and is a specific diagnosis, and each word describes the condition.

- **Persistent** – the symptoms are there most of the day, most days of the week
- **Postural** – because symptoms tend to be worse when patients are upright or moving, and better when lying down in bed
- **Perceptual** – because it is something that is felt by the patient, but not necessarily obvious to others
- **Dizziness** – as this is the term that most patients use to describe the sensation

What causes PPPD?

PPPD is a sudden change in the brain's ability to interpret space/motion. Following an alarming event, the fight or flight system is activated, changing how space/motion is perceived. Once the alarming event stops, instead of resetting, the brain maintains that abnormal perception, causing constant rocking sensation. People with migraine or anxiety/depression are at higher risk for developing PPPD, but it can occur in anyone.

What are the symptoms of PPPD?

These are the most common symptoms of PPPD:

- Sense of internal motion (even without objective movement of the body)
- Feeling of rocking swaying like on a boat
- A loss of balance or unsteadiness
- Vibrations inside the body
- Cloudiness/heaviness (brain fog)

These symptoms may be worse in busy places such as shopping centres or supermarkets. There may be accompanying symptoms such as difficulty concentrating, short-term memory loss, and a sensation of derealisation (feeling detached from the world) or depersonalisation (feeling detached from oneself).

One of the most frustrating aspects of PPPD for patients is that others cannot see the problem, and so often patients report feeling 'mis-understood' by friends, family, or work colleagues, and dismissed by doctors as being 'just anxious'.

How is PPPD diagnosed?

To be diagnosed with PPPD symptoms must have been there for 3 months or more. Physical examinations, balance tests and MRI or CT scans may not show any problems and are not used to diagnose PPPD but may help to diagnose any other problems that may co-exist.

How is PPPD treated?

There are currently no large studies to show the best treatment for PPPD, but vestibular rehabilitation is usually recommended first.

A **clear positive diagnosis** and explanation that you can work with. An understanding of how the nervous system has become sensitised can help you work to desensitise it.

Recognition that many of the symptoms may go along with your PPPD including dissociation, neck pain, anxiety, fatigue and poor concentration. Some of these problems may have treatments of their own.

Physiotherapy or desensitisation – as symptoms of PPPD build up, most people begin to avoid moving their eyes, neck and body as much as they used to that may the brain's (subconscious) approach to try to reduce symptoms. Physiotherapy and specific vestibular physiotherapy can be useful to help desensitise the nervous system and start to overcome ingrained patterns of movement.

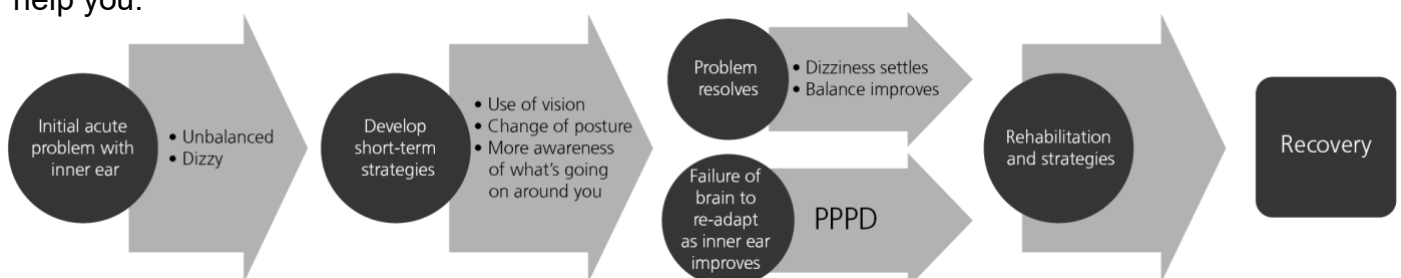
Medication – medication used to help treat anxiety and low mood, can also help with PPPD.

Psychological treatment – anxiety, whilst rarely a trigger for the symptoms of PPPD, can be a common consequence of this disorder, and often perpetuates the symptoms. Psychological approaches such as CBT, counselling and mindfulness can be helpful in addressing understandable fears of falling, or other sources of anxiety. Treatment from a therapist who understands PPPD can help break bad habits that many patients with PPPD get into with respect to their symptoms and help with this.

Living with PPPD

Taking care also means allowing yourself some grace as you learn to live with this diagnosis. Many people with PPPD express frustration that they have a hard time explaining to others what they're experiencing. It may feel as if others just don't (or won't) 'get it.' You may be told that the condition is 'all in your head.'

But that's not the case. PPPD is a real disorder that disrupts feelings of stability within your body. It's a condition that you'll need to work on to manage, but there are providers who are ready to help you.



Flow diagram adapted from Staab, Behavioural Neuro-otology in Bronstein (ed). Oxford textbook of vertigo.

Useful links

<https://med.stanford.edu/ohns/OHNS-healthcare/earinstitute/conditions-and-services/conditions/PPPD.html>

www.menieres.org.uk/information-and-support/symptoms-and-conditions/pppd

my.clevelandclinic.org/health/diseases/persistent-postural-perceptual-dizziness#living-with

If you have any questions or need further information, please contact The Balance Team
Secretary: Telephone 0121 424 3154

Accessibility

To view this information in a different language or use text-to-speech reader visit **www.uhb.nhs.uk**, click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille, please email interpreting.service@uhb.nhs.uk.



How did we do? 😊 😐 😞

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you.** www.uhb.nhs.uk/fft

