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Betahistine in the treatment of vertiginous syndromes: a meta-analysis.

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Vertigo is a very frequent disorder, associated with highly disabling symptomatology. Since the aetiology cannot always be easily identified, treatment is often addressed to the symptoms. Betahistine, a drug characterized by a multi-factorial mode of action of the modulatory type, has been widely employed in the management of various vertiginous syndromes. Its use in Italy is, currently, authorized to treat the vertiginous symptoms related to Ménière's disease. A meta-analysis has, therefore, been carried out to assess, the efficacy of betahistine in the treatment of other vertiginous syndromes, such as positional paroxysmal vertigo (cupulo-canalolithiasis) and vertigo secondary to arterial deficiency of the vertebrobasilar area, regardless of the specific cause. A review has been made of the literature concerning clinical trials performed with betahistine versus placebo in a randomised double-blind, parallel-group or cross-over design. Only studies evaluating betahistine in patients with vertiginous symptomatology not related to Ménière's disease were selected. Of the 104 publications, obtained from an analysis of "Medline", "EMBASE" and "CINAHL" databases, 7 clinical studies, which met the selection criteria, for a total of 367 patients, were extrapolated and analysed. The meta-analysis was conducted using the "Cochrane Collaboration's Review Manager" software in all the case series and in the sub-groups identified by the experimental design (parallel or crossover design), range of dosages (32-48 mg/day) and range of treatment duration (from 3 weeks to 4 months). The various parameters used to evaluate efficacy, adopted in the trials, and taken into account in the metaanalysis, as overall judgement of the patient or physician, number of vertiginous episodes and their duration, were classified according to the binary classification of "improved" and "not improved". The results of the meta-analysis confirm the therapeutic benefit of betahistine versus placebo. In particular, the investigation carried out on the overall sample shows an odds ratio of 3.52 (95% confidence interval 2.40-5.18) and a relative risk of 1.78 (95% confidence interval 1.48-2.13), while the analysis of the sub-groups denotes a maximum efficacy after doses of 32 to 36 mg and with a period of treatment of 3-8 weeks. The present meta-analysis confirms the benefit of drug treatment with betahistine for the vertiginous symptomatology related to cupulo-canalolithiasis and vertebro-basilar arterial insufficiency.
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17534234 **1:** Med Sci Monit. 2007 Jun;13(6):CR275-82./entrez/utils/fref.fcgi?PrId=3302&itool=AbstractPlus-def&uid=17534234&db=pubmed&url=http://www.medscimonit.com/fulltxt.php?ICID=484137 /entrez/utils/fref.fcgi?PrId=3302&itool=AbstractPlus-def&uid=17534234&db=pubmed&url=http://www.medscimonit.com/fulltxt.php?ICID=484137 Links

Benign paroxysmal positional vertigo and its management.

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BACKGROUND: Benign paroxysmal positional vertigo (BPPV) is a common peripheral vestibular disorder encountered in primary care and specialist otolaryngology and neurology

clinics. It is associated with a characteristic paroxysmal positional nystagmus, which can be elicited with specific diagnostic positional maneuvers. In recent years, specific therapeutic maneuvers have resulted in its effective treatment. In this paper the current knowledge of the pathogenesis, diagnosis, and treatment of BPPV as well as the authors' own clinical experience in treating such patients are presented. MATERIAL/METHODS: A retrospective review of the records of 204 patients with BPPV was performed. Epidemiological data and results from the audiological and neuro-otological work-up were recorded. All patients were treated with an appropriate repositioning maneuver, depending on the type of BPPV. RESULTS: Of the 204 patients, 163 had posterior canal involvement, 19 had horizontal canal involvement, and 6 had the anterior canal variant. Another 11 patients had bilateral posterior canal involvement and 5 had disease of two canals. The canalith repositioning procedure was immediately successful in 165 patients and in 23 more patients proved successful after its repetition in a second session, resulting in a total success rate of 92.1%. CONCLUSIONS: Most of the patients with BPPV responded very well to treatment. However, differential diagnosis of the type of BPPV was necessary to apply the appropriate canalith repositioning procedure. The canalith repositioning procedure is easy and safe to perform, is noninvasive, can be repeated if needed, and can provide rapid relief of vertigo.
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The CRM described by Epley[7] is a 5-position cycle of the head and upper body aimed at displacing particulate matter away from the posterior semicircular canal. The patient sits on an examination table. The patient's upper body is then moved to the supine position, with the head hanging over the end of the table and turned at a 45° angle with the affected side down. Then the hyper-extended head is rotated to the opposite side through a 90° angle until the unaffected side of the head is toward the floor. The patient is then rolled over onto that side so that his or her face is looking down at the floor. Finally, the patient is returned to the sitting position with the chin tilted down into the chest.[10] Patients spend 1 minute in each of the 5 positions. The maneuver is applied to the side that had a positive result on the diagnostic DH test. The sham maneuver was the CRM performed on the non-affected side. After each treatment, patients in both groups were asked to rate their level of dizziness on a 10-point Likert-type scale from "same or worse" to "completely resolved."