

CLINICAL EVALUATION OF BALANCE SYSTEM: Psychiatric aspect

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Diagnostic criteria

- Subjectively perceived recurrent or persisting vertigo or dizziness, disturbances of stance and gait, or spatial orientation
- Normal findings on neurotological examinations: signs of an earlier vestibular disorder already compensated for were categorized as non pathological
- Failure to fulfill diagnostic criteria of organic vestibular vertigo syndromes
- There are positive criteria according to the DSM 5 & the ICD-10, thus confirming presence of a somatoform disorder

When to consider Psychiatric referral?



History :

- Lightheadedness, fractional or poorly described symptoms of vertigo, faintness or dysequilibrium
- Symptom decreases with exercise or distractions
- Feeling of queasiness at heights, crowds, on seeing busy/hectic patterns (on walls, visual display units)
- Exaggerated acoustic startle response & autonomic signs
- Impaired everyday activities (shopping, working in a crowded place) but not others like bicycle, sports

(Szirmai, 2011; Shah & Mukherjee, 2012)

When to consider Psychiatric referral?



Examination :

- Momentary fluctuations of stance & gait, often in response to suggestion
- Excessive slowness or hesitation of locomotion incompatible with neurological disease
- “Psychogenic” Romberg test - build-up of sway amplitudes after silent latency or with improvement by distraction
- “Walking on ice pattern” -small cautious steps with fixed ankle joints
- Sudden buckling of the knees, usually without falls

(Brandt et al, 1994)

When to consider Psychiatric referral?



Examination:

- **Hyperventilation test:** precipitate vertigo in all patients but nystagmus is absent in purely psychiatric etiology though subjective sensation of dizziness is reported
- **'Sharpened' Romberg' test:** Standing tandem with eyes closed with arms folded across the chest for 30secs - if an individual can perform this test - almost excludes organic neurologic disease

(Shah & Mukherjee, 2012)

When to consider Psychiatric referral?



Laboratory tests

- Vestibular testing in panic disorder, acrophobia or agoraphobia may yield results indicative of organic dysfunction
- Provocative caloric testing- atypical or bizarre responses
- Testing for spatial orientation & attention

(Shah & Mukherjee, 2012)

When to consider Psychiatric referral?



Psychiatric scale: Screening

- Depression: Patient Health Questionnaire- 2 (PHQ 2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
.....				
2. Feeling down, depressed or hopeless	0	1	2	3

When to consider Psychiatric referral?



Psychiatric scale: Screening

- Hospital Anxiety and Depression scale (HAD)

Tick the box beside the reply that is closest to how you have been feeling in the past week.
 Don't take too long over you replies: your immediate is best.

D	A		D	A	
		I feel tense or 'wound up':			I feel as if I am slowed down:
	3	Most of the time	3		Nearly all the time
	2	A lot of the time	2		Very often
	1	From time to time, occasionally	1		Sometimes
	0	Not at all	0		Not at all
		I still enjoy the things I used to enjoy:			I get a sort of frightened feeling like 'butterflies' in the stomach:
0		Definitely as much		0	Not at all
1		Not quite so much		1	Occasionally
2		Only a little		2	Quite Often
3		Hardly at all		3	Very Often

When to consider Psychiatric referral?



Psychiatric scale: Diagnostic

■ Patient Health Questionnaire- 9 (PHQ)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

When to consider Psychiatric referral?



- **Dizziness Handicap Inventory** - level of impairment - incorporate measurement of emotional function & physical impact of dizziness on person's life

Instructions: The purpose of this scale is to identify difficulties that you may be experiencing because of your dizziness. Please check “always”, or “no” or “sometimes” to each question. Answer each question only as it pertains to your dizziness problem.

	Questions	Always	Sometimes	No
P1	Does looking up increase your problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E2	Because of your problem, do you feel frustrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F3	Because of your problem, do you restrict your travel for business or pleasure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P4	Does walking down the aisle of a supermarket increase your problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E9	Because of your problem, are you afraid to leave your home without having someone accompany you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E10	Because of your problem, have you been embarrassed in front of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P11	Do quick movements of your head increase your problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F12	Because of your problem, do you avoid heights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONCLUSION

- Identification of psychiatric symptoms in relation to any physical disorder is important –
 - Helps to provide treatment of the individual & not the disease
 - Improves the overall quality of life
- Barriers for psychiatric referral can be removed by education, information & communication to both caregiver & patient
- Close liaison between Neurotologist, Neurologist & Psychiatrist, Physiotherapist

THANK YOU