

MEDICAL MOMENTS

Is Uric Acid Implicated in Benign Paroxysmal Positional Vertigo?

Similar to the affects of uric acid and gout, epidemiological studies have reported a possible relationship between increased serum uric acid (SUA) and BPPV. In this study, 50 patients with BPPV and 40 age- and sex matched controls received a complete physical and neurotological examination along with fasting venous blood samples for hematological and biochemical analysis for SUA. This study concluded the following:

- Increased lipid profile and SUA were statistically meaningful in patients with BPPV
- Whole blood count, liver function tests, fasting glucose, and thyroid-stimulating hormone did not significantly differ from controls
- Creatine and albumin reached significance in patient with BPPV compared to controls
- Every 1 unit increase in SUA value was shown to cause a 3.35 fold increase in predicting the risk of BPPV
- A significant decrease in SUA levels were observed 1 month after the resolution of the vertigo

Conclusion: Elevated SUA is positively correlated with BPPV and SUA levels may be a way to positively predict resolution of BPPV concomitant with Dix-Hallpike test.

If you have patients with BPPV, the physical therapists at FYZICAL are specially trained in Canalith Repositioning Maneuvers to effectively resolve dizziness quickly and efficiently.

Celikbilek, A., Gencer, Z.K., Saydam, L., et al. Serum uric acid levels correlate with benign paroxysmal positional vertigo.

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Brian graduated from Northern Arizona University in 1999. He opened the Balance Center of Las Vegas in 2001, and then the Werner Institute of Balance and Dizziness in 2005. He has presented at national conferences and teaches continuing education courses in concussion, fall prevention, balance, and vestibular rehabilitation.

He has extensive expertise in balance, vestibular, and fall prevention therapy. Brian has gained advanced knowledge and expertise in balance and vestibular therapy seeing over 45,000 patients in his career with balance and vestibular dysfunction.