
Tilmelding af Foredrag

Foredragets titel

What Repositional Maneuver Is Most Successful When Treating Benign Paroxysmal Positional Vertigo with The TRV Repositional Chair?

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Uddannelsesniveau

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Introduktion

Introduction: Benign paroxysmal positional vertigo (BPPV) is the most common single cause of vertigo and is characterized by brief recurrent episodes of vertigo. To optimize BPPV treatment success, mechanical rotational chairs (MRCs) have been developed. By means of these MRCs, it is now possible to add kinetic force to the maneuvers.

Materiale/metode

Methods: 70 patients diagnosed with posterior canalolithiasis (p-CAN) BPPV underwent randomization for treatment with the TRV® Repositional Chair (Interacoustics©, Middelfart, Denmark) with either a standard Epley maneuver or a potentiated version of the Epley maneuver where kinetic energy was applied during repositioning. Primary outcome was the number of treatments required before remission of both subjective symptoms and objective findings. Secondary outcomes included treatment length and changes of Dizziness Handicap Inventory (DHI) scores.

Resultater

Results: In average, 2.5 and 2.4 treatments were required for successful treatment of p-CAN with the Epley maneuver and the potentiated Epley maneuver, respectively. The average treatment length was one and a half month for both maneuvers. The total DHI score decreased by 24 and 23 points in average following the treatment with either the Epley maneuver or the potentiated Epley maneuver, respectively. Patients with only single SCC affection required on average 2 and 1.7 treatments, respectively. There were no statistically significant differences between the two types of maneuvers.

Diskussion

Discussion: To our knowledge, this study is the first to examine different treatment protocols with the TRV chair. Both the standard and potentiated Epley maneuvers are equally efficient in treatment of p-CAN with the TRV-chair.

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