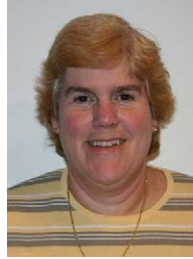


Preface

Otoneurology



Joseph M. Furman,
MD, PhD



Susan L. Whitney,
PhD, PT, NCS, ATC

Guest Editors

The field of otoneurology is a somewhat ill-defined subspecialty within neurology. The field of otoneurology overlaps other areas within neurology, especially neuro-ophthalmology and, in addition, otolaryngology and several health professions, such as audiology, physical therapy, and nursing. Rather than being defined by a particular anatomic area or etiology, the field of otoneurology is defined primarily by the presenting complaints of dizziness and dysequilibrium. Patients who present with balance and dizziness complaints often have hearing loss or tinnitus; thus, these complaints are included within the realm of otoneurology. Patients who have common dizziness and dysequilibrium disorders often are managed effectively by their primary care physicians [1], by general practice neurologists, or by otolaryngologists, some of whom having special training in balance disorders. For patients requiring subspecialty care, often delivered in a tertiary setting, subspecialists from neurology, otolaryngology, physical therapy, ophthalmology, and occasionally psychiatry may collaborate using a balance center approach to patient care. In fact, because few neurologists subspecialize in otoneurology, many medical centers have no neurologists primarily interested in the field. Patients who have dizziness and dysequilibrium seeking tertiary care may never be seen by a neurologist trained in the diagnosis of persons who have balance disorders. It is likely that as the field of otoneurology matures, a greater number of neurologists will have the expertise to manage patients who have dizziness and disequilibrium.

The National Institutes of Health [2] recently estimated that 42% of the United States population experiences dizziness at least once in their lifetime. The complaint of dizziness is associated with increasing age [3] and is associated with syncope and falls [4–6]. Dizziness is the most frequent complaint to physicians by patients over the age of 75 years [7]. One out of three elderly persons [2–10] and more than one out of five working adults [11] report dizziness. In 20% of community-dwelling older adults, dizziness causes impairments in activities of daily living and requires medical attention [12]. Although only a portion of those who experience dizziness has vestibular disorders, persons who have vestibular disorders often have dizziness and an increased risk of falls [4,6,13].

The field of otoneurology is evolving, as evidenced by recent advances in the diagnosis and treatment of patients who have dizziness and dysequilibrium. Common disorders, such as benign paroxysmal positional vertigo, have received much recent attention regarding pathophysiology and treatment, and poorly defined disorders, such as migraine-related dizziness and anxiety-related dizziness, are beginning to be understood at a level that can lead to rational treatment. Newly described disorders, such as superior semicircular canal dehiscence syndrome, are expanding the field of otoneurology further [14]. Advances in surgical management of patients who have vertigo and advances in hearing aid technology also have an impact on the field.

This issue of the *Neurologic Clinics*, which is devoted to the field of otoneurology, aims to present clinical issues associated with managing patients who have dizziness and dysequilibrium. We have invited individuals from several areas of expertise, including neurology, otolaryngology, physical therapy, psychiatry, audiology, epidemiology, and bioengineering, with the intent of presenting in a single issue the breadth of the field of otoneurology, including common and esoteric disorders. The issue begins with a discussion of the bedside assessment of patients who are dizzy and then continues with an article regarding eye movement abnormalities often seen in patients who have balance disorders. Several disorders were selected for in-depth discussion, including visual vertigo, migraine-related dizziness, and psychiatric disorders in otoneurology patients. Clinical issues related to special populations are discussed in two articles regarding older individuals, one of which primarily is basic and one primarily clinical, and in one article regarding balance disorders in children. The treatment of patients who have dizziness and dysequilibrium is discussed in three articles: one concerns pharmacotherapy, one physical therapy, and another surgical management. Two articles are devoted primarily to issues related to hearing. One article concerns tinnitus, and another concerns hearing loss and hearing aids. The issue concludes with a brief presentation of illustrative cases to help the reader appreciate the application of otoneurologic decision-making in clinical practice.

As guest editors, we wish to acknowledge primarily the efforts of the authors for all their time and effort in creating this issue. We are especially

grateful to the individuals outside the field of neurology who each made an effort to present their subject matter from a neurologic perspective.

Joseph M. Furman, MD, PhD
*University of Pittsburgh
School of Medicine
Departments of Otolaryngology and Neurology
EEI Building, Suite 500, 5th Floor
200 Lothrop Street
Pittsburgh, PA 15213, USA*
E-mail address: furmanjm@upmc.edu

Susan L. Whitney, PhD, PT, NCS, ATC
*Departments of Physical Therapy
and Otolaryngology
University of Pittsburgh School
of Health and Rehabilitation Sciences
EEI Building, 4th Floor
200 Lothrop Street
Pittsburgh, PA 15213, USA*
E-mail address: whitney@shrs.pitt.edu

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