

Anxiety and vestibular disorders

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Communication

The vestibular apparatus is located in the inner ear and its proper function is critical for postural control, maintaining equilibrium and spatial awareness. Current literature on anxiety and vestibular function indicate that there may be a relationship.

Anxiety disorders are the most frequent mental health concern. They are a set of related conditions, and each with single symptoms. However, all anxiety disorders have one thing in common: impact on day-to-day activities.¹⁻³ Anxiety influences the ability to concentrate, sleep and carry out ordinary tasks.

Numerous studies have confirmed that anxiety and dizziness are interrelated. Dizziness can be associated with otologic, neurologic, medical, and psychiatric conditions. It is commonly occurs along with anxiety.⁴ If one is experiencing anxiety, dizziness can result. On the other hand dizziness can be anxiety-producing.

There is a multifaceted interface between vertigo and psychological distress. In some individuals, vertigo may lead to psychological distress, whereas the reverse appears to be true in others in that their psychological distress manifests as vertigo or dizziness.⁵ The mechanism that relations psychological distress and symptoms of dizziness or vertigo remains uncertain, but a number of researches have recommended that it is connected to the substantial overlap between the neuroanatomical regions and neurotransmitters concerned in the vestibular system and the pathways implicated in emotional states.

The dizziness that accompanies anxiety is normally described as a sense of light-headedness or wooziness.⁶ Environments as crowded malls or wide open spaces might cause loss of balance as symptom.

Often the anxiety and the dizziness should be treated mutually in order for better progress, once anxiety seems to be a meticulous problem in patients with acute and chronic vestibular disorders.⁷

A comprehensive multidisciplinary evaluation of dizziness holds great guarantee for more successfully diagnose and treatment. Cognitive-behavioral therapy and vestibular rehabilitation or drug therapy are also necessary, especially for the improvement of quality of life.

Clinicians must be attentive of the increased risk, and consequently the potential necessitate treating psychological disorders. Scales be supposed to be used as screen for anxiety in the early diagnosis and treatment, and psychologists/psychiatrist must be considered to assist, if necessary.

To conclude, anxiety and other psychiatric phenomenon must be considered when assessing patients with vestibular disorders.

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Conflicts of interest

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