VERTIGO

Vertigo when you roll over in bed: BPPV

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If the room spins for a few seconds when you roll over in bed, lie down or tip your head back, the cause is often BPPV (benign paroxysmal positional vertigo). It is an inner ear problem, and it is usually treated with a simple series of head movements done by a trained clinician. Because it can strike when you roll over in bed at night, it is also a fall risk worth taking seriously.

What BPPV feels like

BPPV has a typical pattern:

- **Spinning that is triggered by a change in position,** such as rolling over, lying down, sitting up, bending forward or looking up at a high shelf

- **Short bursts,** usually lasting less than a minute
- **Unsteadiness** that is worse when you change position or move your head
- **Normal hearing.** BPPV does not usually affect hearing.

Inner ear problems are common. By age 40, about 35% of people have some inner ear dysfunction, and the share rises with age.

Why it raises fall risk

Balance depends on three systems working together: your eyes, your inner ear and the sense of position in your feet and joints. You need at least two of the three. At night, in the dark, your eyes cannot help much, so a sudden spin from the inner ear can leave you with very little to go on.

Picture someone who rolls over at 3 a.m., feels the room spin, then gets up quickly to use the bathroom. That trip, out of bed, in the dark and possibly in a hurry, is already the riskiest walk of the day.

Not all dizziness is BPPV

Dizziness has many causes, and the right treatment depends on which one you have:

What you notice	Possible cause	Usual approach
Brief spinning with position changes, under a minute	BPPV	Repositioning maneuver by a trained clinician
Constant spinning for hours or days, then motion sensitivity; leaning or veering to one side; hearing may be reduced	Inner ear weakness (vestibular hypofunction), such as from neuritis	Vestibular rehabilitation exercises, ideally started within 2 weeks
Lightheaded or "about to faint" when you stand up	Blood pressure drop (orthostatic hypotension)	Medical review, slow-rise routine
Dizziness when you turn or tip your neck	Neck-related dizziness	Physician evaluation; BPPV should be checked too
Dizziness after a new medicine	Medicine side effect	Talk with your doctor or pharmacist

Some dizziness comes from the brain itself, such as from a stroke, vestibular migraine, Parkinson disease or multiple sclerosis. These need medical care, not just exercises.

When to get help right away

Get urgent medical care if dizziness comes with new trouble walking, clumsiness, problems coordinating your arms or legs, or any other new nervous system symptom. A clinician who sees unusual eye movements during testing will also refer you urgently. If you think you or your parent may be having a stroke, call 911.

How BPPV is diagnosed and treated

A physical therapist trained in vestibular care, or a physician, can test for BPPV with positioning tests called the Dix-Hallpike and the roll test. They watch your eyes for a telltale pattern of movement that shows which part of the inner ear is involved.

BPPV is treated with canalith repositioning: a series of guided head and body positions, such as the Epley maneuver and related maneuvers. The right maneuver depends on what the testing shows, which is why it is best done by someone trained to tell the types apart.

A note about medicine: medicines that calm dizziness, such as meclizine, are meant for the first few days only and are not recommended for long-term dizziness. Meclizine can also cause sleepiness and confusion, which raise fall risk. Ask your doctor before using any dizziness medicine, and never change a prescribed medicine on your own.

Staying safe at home while you wait

- **Sit up in stages.** Roll to your side, push up to sitting, and wait on the edge of the bed until any spinning stops before you stand.
- **Light the path.** Use motion sensor night lights from the bed to the bathroom.
- **Keep things within reach.** A phone, glasses, water and a flashlight belong on the nightstand.
- **Do not rush.** Let the phone ring and take your time on stairs.
- **Store daily items between hip and shoulder height** so you do not need to look up or bend down for them.

- **Keep a phone on your body** during the day in case you do fall.

Finding the right clinician

Ask your doctor for a referral to a physical therapist who treats vestibular problems. You can also search for a physical therapist near you on ChoosePT. The Vestibular Disorders Association is another good place to learn more.

How Home Safety Solutions can help

If vertigo comes up during a home safety visit, our report recommends follow-up with your physician or a vestibular or balance therapist. We also look closely at the bedroom, the bed height and the night route to the bathroom, where dizziness is most likely to lead to a fall. Learn what happens during a home safety visit. Call (813) 365-9171 or email info@homesafety.solutions.

Related reading: Vestibular Disorders Association · Find a physical therapist (ChoosePT) · How do I prevent falls at night? · Is it normal to fall as you get older?

This article is general education, not medical advice. Talk with your doctor, pharmacist, or therapist about your own situation.

Want a plan for your own home?
Every service starts with an Initial Consultation, a 30-minute phone call with Dr. L'HommeDieu.
Book at homesafety.solutions