

Understanding Persistent Postural-Perceptual Dizziness (PPPD)

Persistent postural-perceptual dizziness — information for patients

Your clinician has told you that you have, or may have, a condition called persistent postural-perceptual dizziness, usually shortened to PPPD. This leaflet explains what it is, why it happens, how it is treated, and what you can do to help yourself get better. Please bring it with you to your follow-up appointment.

What is PPPD?

PPPD is a real and common cause of long-lasting dizziness. It is best thought of as a 'software' problem rather than a 'hardware' one: the balance organs in your inner ears are healthy, but the way your brain processes balance information has become stuck in an over-cautious setting. After something first upsets your balance, the brain sensibly switches to a careful, high-alert way of keeping you steady — leaning heavily on your eyes and your sense of position. In PPPD, the brain does not switch back once the original problem has settled, and that over-careful setting becomes the new normal.

Because of this, you may feel a constant sense of unsteadiness, swaying or rocking — many people say it feels like being on a boat — rather than the room spinning around. It is often lightest on waking and builds through the day as you do more. PPPD is most common in adults of working age, and often begins in people who are otherwise fit and well.

Most important: PPPD is not dangerous, it is not 'all in your head', and it is not a sign of damage to your brain or ears. It is a genuine, well-recognised condition — and, importantly, it is treatable. With the right approach most people improve a great deal.

What can set it off?

PPPD almost always starts after something that first disturbs your balance or gives you a fright. The original trigger has often settled by the time the daily dizziness takes hold, and sometimes it is so far in the past that it has been forgotten. Common triggers include:

- An inner-ear infection or attack of vertigo, such as vestibular neuritis or labyrinthitis.
- Benign positional vertigo (BPPV) — brief spinning brought on by certain head positions.
- Vestibular migraine, or migraine that affects your balance.
- A blow to the head or a concussion.
- A frightening episode such as a panic attack, or a period of intense stress or illness.

What makes it worse?

Three particular situations tend to bring PPPD on or make it stronger. Recognising them in your own day-to-day life is an important part of understanding the condition:

- Being upright. Standing and walking feel worse, and lying down usually brings relief.
- Moving about. Your own movements, and being moved — in a car, a lift or on an escalator — can stir up the dizziness, whichever direction you go.
- Busy visual surroundings. Supermarket aisles, crowds, traffic, patterned floors and scrolling on phones or screens are classic triggers, because your brain has come to rely so heavily on your eyes.

How is PPPD diagnosed?

There is no single scan or blood test that proves PPPD. Instead, your clinician recognises it from the pattern of your symptoms — the constant unsteadiness on most days for three months or more, made worse by standing, by movement

and by busy visual settings. Any tests you have, such as hearing and balance tests or scans, are mainly done to rule out other causes, and in PPPD they typically come back normal or show only an old, settled problem. A normal result is good news: it confirms that your inner ears and brain are not damaged, and it points firmly towards PPPD as the explanation.

How is PPPD treated?

PPPD responds best to several treatments used together rather than any single one. Your clinician will tailor the plan to you, but it usually draws on four things:

- **Understanding the condition.** Learning what PPPD is — a reversible glitch in balance control, not a hidden danger — is a treatment in itself, because it calms the very alarm that keeps the dizziness going.
- **Balance retraining (vestibular rehabilitation).** A vestibular physiotherapist guides you through gentle, graded exercises that gradually retrain your brain to cope with movement and busy surroundings. These are built up slowly — a little discomfort is expected, but the pace should never overwhelm you.
- **Talking therapy (CBT).** Cognitive-behavioural therapy helps to ease the worry, watchfulness and avoidance that can keep PPPD locked in, and works especially well alongside the other treatments.
- **Medication.** A low dose of a serotonin-type medicine (the same family used for mood, but here used to settle the balance pathways) helps many people. It is started at a low dose and increased slowly, and needs a few weeks to take effect, so give it time.

Please contact your clinic if: your dizziness changes in character or suddenly becomes much worse, or you develop new symptoms such as true spinning attacks, hearing loss, severe headache, double vision, weakness, numbness or slurred speech. These are not part of PPPD and should be checked. If you have sudden stroke-like signs — face drooping, arm weakness or slurred speech — call 000 (triple zero) straight away.

Looking after yourself

- **Keep moving and stay gently active** — returning to normal activity, step by step, is part of recovery.
- **Do your prescribed balance exercises regularly** — steady, little-and-often practice is what retrains the brain.
- **Don't give in to the urge to avoid busy shops, screens or outings for good** — long-term avoidance makes PPPD stronger, not weaker.
- **Take any medicine exactly as prescribed and give it the full trial your clinician advises before judging whether it helps.**
- **Look after your sleep and manage stress where you can, as tiredness and worry both turn the dizziness up.**

What happens over the long term?

The outlook for PPPD is good. With a coordinated plan most people achieve a large reduction in their dizziness and get back to the activities and work they had cut down on. Recovery is usually gradual, coming over weeks to months rather than days, so expect steady progress rather than an overnight cure. Starting treatment sooner generally leads to a faster, fuller recovery — which is why naming the condition early matters so much.

Reducing the impact of PPPD on your life

- **Build up gradually** — face the situations you have been avoiding in small, planned steps, so your brain relearns they are safe.
- **Plan for setbacks** — if a flare comes, return to your exercises early rather than slipping back into avoidance.
- **Keep your appointments** — staying in touch lets your team fine-tune your treatment and keep your recovery on track.
- **Be patient and hopeful** — recovery takes time, but most people with PPPD improve a great deal.

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