

Understanding Visually Induced Dizziness (VID)

Visually induced dizziness — information for patients

Your clinician has told you that you have, or may have, a condition called visually induced dizziness — sometimes also called visual vertigo or visual dependence. This leaflet explains, in plain language, what it is, why busy or moving surroundings make you feel dizzy, and the things that genuinely help. It is normal to feel unsettled by an unfamiliar diagnosis — but this is a well-recognised, treatable condition, and most people improve a great deal.

What is VID?

Visually induced dizziness is a real and common cause of dizziness. It is best thought of as a balance habit that has become stuck. Normally your sense of balance relies mostly on your inner ears and your body, with your eyes playing a smaller part. After something disturbs your balance, your brain can start leaning too heavily on your eyes to keep you steady — a sensible short-term response that, in VID, simply does not switch off.

Because of this, busy or moving scenes overwhelm your balance, and you feel dizzy, unsteady, or as though you are floating or rocking — rather than the room spinning. It usually comes on within seconds of entering a busy place and eases once you leave. It is not a sign that something dangerous has been missed, even though your scans and tests may all be normal.

What can set it off?

VID often begins after something that first disturbs your balance, such as:

- 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 movements.
- 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.

In some people it comes on without any clear trigger. Either way, the treatment is the same.

What makes it worse?

Certain visually busy or moving surroundings reliably bring VID on. Recognising your own triggers is the first step in treatment:

- Supermarket aisles and busy shopping centres.
- Traffic, and being a passenger in a car.
- Escalators, and patterned or shiny floors.
- Screens — scrolling on a phone, computer work, and cinema screens.
- Crowds, and harsh fluorescent lighting.

How is VID diagnosed?

There is no single scan or blood test that proves VID. Instead, your clinician makes the diagnosis from your story — particularly which busy environments set you off and how much they affect you. You may be asked to complete a short questionnaire called the Visual Vertigo Analogue Scale, which scores how much dizziness

different everyday situations cause. Any tests of your inner ear are usually done to check what first triggered the problem, not to diagnose VID itself.

How is VID treated?

VID responds best to a few approaches used together rather than any single one:

- **Understanding the condition.** Knowing that this is a stuck balance habit your brain can relearn — not damage — is itself a powerful part of getting better.
- **Balance retraining (vestibular rehabilitation).** A vestibular physiotherapist guides you to practise the very movements and busy scenes you have been avoiding, in small, gradual, planned doses — staying long enough for the dizziness to settle. This is the core treatment and must be paced carefully.
- **Talking therapy (CBT).** Cognitive-behavioural therapy helps with the worry, symptom-watching and avoidance that quietly keep dizziness going.
- **Medication.** There is no tablet that cures VID, and sedative anti-dizziness tablets actually slow recovery, so they are avoided. If you also have a related condition, your clinician may discuss other medicines.

Looking after yourself

- **Keep moving and stay gently active** — returning to normal activity, step by step, helps your brain recalibrate.
- **Do your prescribed exercises regularly** — steady, little-and-often practice works better than occasional long sessions.
- **Don't give in to the urge to avoid shops, screens or outings for good** — gentle, graded exposure is the treatment.
- **Look after your sleep and manage stress where you can**, as tiredness and worry make symptoms feel stronger.

What happens over the long term?

The outlook for VID is good. With a coordinated plan most people achieve a substantial, lasting improvement over weeks to months, and return to the activities they had been avoiding. The earlier treatment starts, the quicker and more complete the recovery tends to be. Occasionally symptoms flare after a stressful patch or a long break from busy environments — this is normal, and responds to returning to your exercises early.

Reducing the impact of VID on your life

- **Build up gradually** — face the situations you have been avoiding in small, planned steps.
- **Plan for setbacks** — if a flare comes, return to your exercises early rather than avoiding again.
- **Keep your appointments** — staying in touch lets your team fine-tune your treatment.
- **Be patient and hopeful** — recovery takes time, but most people with VID improve a great deal.