

Episode 180: Dizziness, Vertigo, Lightheadedness? Maybe Vestibular Migraine

Dr. Lindsay Weitzel: Hello everyone, and welcome to HeadWise, the weekly videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel, founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. I'm excited today because we have a guest who we have never had on her advice before.

Dr. Lindsay Weitzel: I am here today with Dr. Shin Beh. Hello, Dr. Beh, how are you?

Dr. Shin Beh: Good. How are you?

Dr. Lindsay Weitzel: I am good. And thank you for being here. So, Dr. Beh is the founder of the Beh center for Vestibular and Migraine Disorders. Some people in the migraine community know him as the dizzy doc, because he is so well known for working with people with vestibular disorders, which is good because our topic today is the vestibular migraine. I'm so glad that I can say that correctly.

Dr. Lindsay Weitzel: So we have not covered vestibular migraine on HeadWise, and I'm really excited to do it because I think that there's a lot of confusion about it. So thank you for being here. For anyone watching who's not familiar with who you are, can you please begin by telling us why you're so motivated to work with people with disability disorders and who work in this field?

Dr. Shin Beh: Sure. So my subspecialty is what we call the otoneurology. So it's like a neurologist who specializes in disorders that cause vertigo, which dizziness. I was attracted to the whole subspecialty because, you know, there was such a lack of people in the field. So you don't think in some weird way that drew me that, like, why is everyone avoiding this field?

Dr. Shin Beh: Right. There are a lot of people with epilepsy, neuromuscular medicine, multiple sclerosis, but, you know, there's barely anyone in this little field. So that, you know, piqued my interest, you know, very early on. And then when I got involved and then, you know, I found out that, you know, a lot of people actually suffered from migraines. And this entity called vestibular migraines, you know, was the culprit in a lot of patients with vertigo and dizziness, and that, you know, stirred my interest.

Dr. Shin Beh: And here we are.

Dr. Lindsay Weitzel: Okay. So, we are all very grateful that you are in this field. And I would agree. I feel like there's not many people specializing in this area, and it is a complicated area. Can you define for us what vestibular migraine is?

Dr. Shin Beh: In the easiest possible? Right. Vestibular migraine is a form of migraine that manifests vertigo and dizziness. And the easiest way to describe it, you know, it's still a migraine. And as we all know, audience knows migraine is not just a headache, right? Migraines can manifest in some huge variety of ways. Right. And so, the vertigo and dizziness are definitely one of them.

Dr. Shin Beh: Now, of course, you know, having vertigo with dizziness and having migraine does not automatically mean that you have to migrate. You have to meet certain criteria to be diagnosed with a symptom of migraine.

Dr. Lindsay Weitzel: Okay. For those of us that aren't sure, can you just tell us what the difference between vertigo and dizziness is?

Dr. Shin Beh: Excellent question. So vertigo and dizziness, even physicians confuse the two terms and they're, you know, a view standpoint, but rather excuse them. Right. So vertigo, the best way to explain vertigo is, you know, we follow the society's, definition. So vertigo is the false sensation of motion. You know, when there is no motion so you can feel yourself moving or your environment moving around you.

Dr. Shin Beh: Right. So most commonly, people think about it because you feel yourself spinning or you feel your environment spinning around. But don't forget it. Can it? the definition encompasses any sensation of motion. So it can be a rocking motion. So going back and forth it can be a swaying side to side. It can be a bobbing and up and down, you know.

Dr. Shin Beh: People can feel like a tilting, you know, if they're being thrown around, if they're falling through space, swimming, floating through the air. Many different things there. Right. As long as it's a sensation of motion. Yeah. Dizziness is a more nonspecific. So it's more of like a disorientation, you know, without the sensation of motion. Kind of like having a little lightheadedness, feeling things having gone somewhat, discombobulated, you know, a little disorientation feeling, you know, as if, you know, space is a little off.

Dr. Shin Beh: Things are not right. Things don't appear right to you. Feel, you know, not right, squeezing. You feel a little bit, you know, different. You know, some people feel like, say that your brain is kind of like jelly, you know, moving around the inside of your head. So many different, descriptions. So in a nutshell, that's essentially, you know, vertigo and dizziness.

Dr. Lindsay Weitzel: Okay. That's actually very helpful. I think that that is something that many people don't quite understand. so I'm curious to know, can someone have both? What we might consider typical migraine, for lack of a better term, and vestibular migraine?

Dr. Shin Beh: Absolutely. So you can have your due to a variety of migraine that, you know, we're all familiar the one that comes with the headache. So either chronic migraine episodic migraine it can be with aura. It can be without aura. And you can also have vestibular.

Dr. Lindsay Weitzel: Okay. So I also I think I find this to be the most intriguing interesting question. As someone who's most significant symptom with migraine is pain. does vestibular migraine always come with head pain?

Dr. Shin Beh: So no. So if you go back to the diagnostic criteria that we kind of alluded to earlier, headache is one of the criteria that we can use for the diagnosis of a symbol of migraine. But it is not a mandatory feature. So we talk about vestibular I think we have to have these attacks. So vertical or head motion induced dizzy.

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Dr. Lindsay Weitzel: Okay. I find that so interesting because most people think of some of those meds as medications that help with pain. And we're talking about a completely different symptom from pain. And yet there we're using the same medication. So I find that so interesting. Migraine is such an interesting disease for that reason.

Dr. Shin Beh: Absolutely.

Dr. Lindsay Weitzel: Yes. Do people with vestibular migraine have triggers? Migraine triggers?

Dr. Shin Beh: Absolutely. So a lot of people with vestibular migraine have exactly the same triggers as people with migraine headache. All right. So very common top of the list stress trigger that you know not enough sleep or changes in sleep menstrual cycle. Some people ovulation you know some people have weather changes with the weather not eating on time. And you have certain food triggers like MSG, chocolate, caffeine, red wine, you know, things that like timing, you know, high targeted foods.

Dr. Lindsay Weitzel: Okay. That's amazing to me. I just love I love this I love this topic. so, just out of curiosity, so if someone does not have a headache specialist in their area, I mean, we have so few in our country to talk to, and they're curious because they're relating to some of these symptoms. if they feel they're, they could have vestibular migraine.

Dr. Shin Beh: Still, most neurologists, you know can also make the diagnosis of state of look like a lot of the anti doctors also are making the diagnosis of a symbol of my because a lot of people probably go in dizziness end up seeing the ENT specialist. Right. And then they go through the whole workup, you know looking for any ear related problems.

Dr. Lindsay Weitzel: So you kind of just jump to my next question, because what I was going to ask is, are there any particular diagnoses that stand out to you as things that people with vestibular migraine are most often misdiagnosed with Ménière's disease?

Dr. Shin Beh: Of course, like that, you know, and part of the reason, of course, is, you know, we all get thought about, Ménière's disease. But, you know, we definitely thought about vestibular migraines, to be fair. Also, you know, the diagnostic criteria only really came out in 2012. although, you know, we've seen a link between vertigo and migraines for a very long time, resting them in years.

Dr. Lindsay Weitzel: It's easy to there is this there's a lack of awareness of, you know, vestibular disorders and then the tendency is to just blame everything on inside.

Dr. Shin Beh: It's also all that. Go ahead you say, well, I it's to meditate a little bit, relax. So you know that tends to be a lot you know the diagnosis and misdiagnosis rather. And a lot of my patients, you know, it doesn't mean that if you have anxiety, you cannot have a disorder that might suppress. So you know, the two often coexist.

Dr. Lindsay Weitzel: Right. Okay. Well thank you so much for all those points. Is there anything else you'd like to add today before we go?

Dr. Shin Beh: I think important to take away is, you know, it's a very treatable condition. So the symbol of my good, there's many, many, many different treatments out there. You know, we alluded to some earlier like the new stage blockers, you know, that are out on the market. Those that doesn't mean that those are the best that are out there.

Dr. Lindsay Weitzel: I hope that everyone learned something on this awesome topic. And thank you so much, Dr. Beh, for being with us today. That was awesome. and everyone join us again next week for the weekly videocast and podcast of the National Headache Foundation. Bye bye.