

# **Persistent Postural-Perceptual Dizziness (PPPD): A systematic review of 10 years' progress in diagnosis and treatment**

## **Abstract**

**Objective:** We reviewed the existing literature on Persistent Postural-Perceptual Dizziness (PPPD) and enquired about symptoms, diagnosis and treatments proposed in order to assess how concepts, diagnostic criteria and treatment have evolved over the last 10 years.

**Method:** We conducted a systematic review of the literature.

**Results:** PPPD is a frequent entity that has been only recently well described. Diagnosis relies on anamnesis; posturography is helpful. High scores of depression, neuroticism and introversion may be a risk factor for PPPD. 25% of cases may be triggered by neurotologic events such as Vestibular migraine, which is more prevalent than Meniere's disease. There are alterations in activity and connectivity in the key central vestibular, visual and anxiety systems. Selective serotonin reuptake inhibitors (SSRI) and especially Sertraline could be the medication of choice. Other SSRI or Serotonin and noradrenaline reuptake inhibitors (SNRI) may be chosen in case of comorbid psychiatric disorders or insufficient response to the first choice medication. Cognitive behavioural therapy, vestibular and balance rehabilitation therapy seem to be effective.

**Conclusion:** PPPD seems to stem from a multi-sensory maladjustment. Symptoms of Vestibular migraine, Meniere's disease and PPPD are often overlapping, stressing the need for more precise diagnostic tools. Cognitive behavioural therapy and vestibular rehabilitation therapy have been recently proved to be effective therapeutic options for PPPD. However, there is little progress done concerning drug-treatments: SSRI and SNRI may help, but there is a need for larger controlled double-blind trials to confirm the effectiveness.