The Epley (canalith repositioning) manoeuvre is effective for benign paroxysmal positional vertigo

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THE PROBLEM: Your patient has vertigo, especially when their head is in a particular position, e.g. when sitting up from a lying position. You diagnose benign paroxysmal positional vertigo and wish to know how effective the Epley manoeuvre is. You were shown it at medical school, but were very sceptical about its effectiveness.

CLINICAL BOTTOM LINE: The Cochrane review suggests that it is effective compared with sham moving with a numbers needed to treat of 2 to 3.3. There are videos on the web which demonstrate one of the many ways in which it is conducted. (http://www.youtube.com/watch?v=ZqokxZRbJfw).

WHAT IS THE PATHOLOGY: The cause of benign positional vertigo is believed to be canalithiasis, principally affecting the posterior semicircular canal. In canalithiasis, free-floating debris in the semicircular canal is hypothesised to act like a plunger, causing continuing movement of the endolymph even after head movement has ceased. This causes movement of the cupula, bending of the hairs of the hair cells, and provokes vertigo.1

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<table>
<thead>
<tr>
<th>Success</th>
<th>Evidence</th>
<th>Harms</th>
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<tr>
<td>Epley manoeuvre</td>
<td>Effective in short-term subjective benefit NNT 2 to 3.3 (range of NNT). There is no long-term data on benefit</td>
<td>Cochrane review1</td>
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References