

Health

CONTACT: SARAH GRIESEMER :: 732-643-4204 :: SGRIESEMER@NJPRESSMEDIA.COM

VERTIGO UNDERSTANDING 'DIZZINESS'

A simple fix

Once a mystifying condition, vertigo often can be easily treated



Dr. Joshua Mendelson, a neurologist, works with patient Audrey Weston of Red Bank in his West Long Branch office. Mendelson treated Weston, 76, for vertigo. TOM SPADER/STAFF PHOTOGRAPHER

"Vertigo can cause a lot of problems and discomfort, impairing your ability to work and live a normal life if not diagnosed properly."

DR. JOSHUA MENDELSON, neurologist

By Susan Bloom :: For NJ Press Media

This past April, while vacationing with her husband in Florida, 76-year-old Red Bank resident Audrey Weston had the first of what would be a string of dizzy spells.

"I woke up in the morning and couldn't get out of bed because the room was spinning around me," she said. "I went back to bed and it was fine, but then it happened again at my water aerobics class at the pool. It only lasted a couple of minutes, but it felt like much longer."

Doctors at the walk-in clinic she went to in Florida prescribed medication for motion sickness, though Weston stopped taking it after awhile because "it made me sleepy and really knocked me out."

Back in New Jersey, the ear, nose and throat doctor she consulted performed an MRI but found nothing.

"It was scary, and I didn't know what to do or what was wrong," she said. "I wasn't just dizzy — everything was spinning."

An overused and often generic term, "dizzy" is a word Dr. Joshua Mendelson, a neurologist, hears a lot and attempts to sort out when patients describe their symptoms. As director of the Epilepsy Monitoring Program at Monmouth Medical Center in Long Branch and assistant professor of neurology at Drexel University, Mendelson tries to help patients qualify their experience in more specific terms.

As opposed to "dizziness" or "lightheadedness," he often finds that what they've actually experienced is a condition called vertigo.

7-8%
of people are affected by vertigo at some point.

2-3%
of ER visits are due to vertigo.

"Vertigo is a sensation of the walls spinning and the environment moving around you when you're stationary or the feeling that you're moving in a stationary environment," Mendelson said. "It can be a tilting sensation, like walking on a cruise ship, or feeling like you just got off a roller coaster. People can get quite nauseous from it and often feel the need to close their eyes."

According to Mendelson, vertigo can be one of two types: central vertigo, often caused by a more serious condition such as a stroke, a tumor or multiple sclerosis, or peripheral vertigo, a more common form that occurs outside of the brain in an area just behind the ear.

The most prevalent form of peripheral vertigo is called benign paroxysmal positional vertigo, or BPPV, a disorder of the inner ear caused by changes in head position, the result of a buildup of calcium crystals in one of the semi-circular canals of the ear that then obstructs the normal flow of endolymph. Endolymph is the fluid that helps

See VERTIGO, Page B5

LITERACY PROBLEMS HELPING CHILDREN

Recognizing voices harder for people with dyslexia

By Lauran Neergaard :: Associated Press

Pick up the phone and hear, "Hey, what's up?" Chances are, those few words are enough to recognize who's speaking — perhaps unless you have dyslexia.

In a surprise discovery, researchers found adults with that reading disorder also have a hard time recognizing voices.

The work isn't just a curiosity. It fits with research to uncover the building blocks of literacy and how they can go wrong. The eventual goal: To spot at-risk youngsters even before they open "Go, Dog, Go!" in kindergarten, instead of diagnosing dyslexia in a struggling second-grader.

"Everybody is interested in understanding the root cause of dyslexia so we can intervene early and do something about it," says Massachusetts Institute of Technology cognitive neuroscientist John Gabrieli, senior author of the study published last month in the journal Science.

Dyslexia is thought to affect 8 percent to 15 percent of Amer-

"Everybody is interested in understanding the root cause of dyslexia so we can intervene early and do something about it."

JOHN GABRIELI, Massachusetts Institute of Technology

icans, who can have great difficulty reading and writing. It's not a problem with intelligence or vision. Instead, it's language-based. The brain struggles with what's called "phonological processing" — being able to distinguish and manipulate sounds, such as "bah" and "pah," that eventually have to be linked to written letters and words.

A student in Gabrieli's lab wondered if dyslexia would impair voice recognition as well. After all, subtle differences

See DYSLEXIA, Page B5

People's Pharmacy

By Joe Graedon
& Teresa Graedon

Wasp stings could be fatal

Q. A person recently wrote to you about a wasp sting. Although you mentioned the risk of anaphylactic shock in your response, I think you should have informed the writer that the next sting could be fatal.

I was stung by a wasp, and my hand swelled. Two weeks later, I was stung again and immediately took a Benadryl (diphenhydramine) and put ice on my forehead. Within minutes, I was on the floor, with no pulse or blood pressure.

Thanks to the Benadryl and to the paramedics who started two IVs before they got a 40/20 blood pressure reading, I am alive to tell about it. Since your writer had a severe reaction, it is obvious that she has an allergy to wasps, and her next sting might be fatal. She and your other readers should be informed of this.



A. It can be difficult to determine when someone will develop anaphylactic shock in response to a sting. That said, you are right that the next sting might be fatal. We urge anyone who has experienced a serious reaction to a sting to be evaluated by a physician. For those who are at risk of life-threatening anaphylaxis, keeping an EpiPen for self-injection can be lifesaving.

Q. I appreciate your warning about "brain fog" due to anticholinergic drugs. I took Lomotil to control diarrhea from irritable bowel syndrome only when I went out for an event. At first, I thought my episodes of brain confusion were caused by senior moments. After reading your column, I realized I was taking an anticholinergic medication. I stopped taking Lomotil and regained my mental clarity.

A. Lomotil (diphenoxylate and atropine) has been on the market for more than 50 years to treat diarrhea. This drug, like scores of others, interferes with the action of a brain chemical called acetylcholine. This anticholinergic activity can lead to brain fog, memory problems and confusion.

Medications in this category that might surprise you include anti-anxiety agents such as alprazolam, antidepressants such as amitriptyline, antihistamines such as diphenhydramine and rugs for overactive bladder such as oxybutynin and tolterodine.

Q. You recently wrote about preventing swimmer's ear with a home remedy involving alcohol and vinegar. The best solution is ear molds. An audiologist can take an impression of your ears and send it off to be custom made. In about two weeks, you have earplugs that fit your ears exactly. I learned about ear molds from a surfer and have been using them for about 20 years with success.

A. You weren't the only one to mention ear molds as a way to keep water out of the ear. Another reader wrote: "I swam all the time growing up, as a lifeguard and on the swim team. By the time I got to college, I had swimmer's ear problems nonstop. A month out of the pool and a prescription from my doctor cured the worst swimmer's ear, but it wasn't a fix. Instead, I found that swimming with an earplug in my ear worked to prevent it every time."

Write to the Graedons via their website, www.PeoplesPharmacy.com.



the power of
community-based cancer care.

The Cancer Center at
CentraState

www.centrastate.com/cancercenter