

Long waiting lists cause a “Vertigo Issue” many health care systems – from Croatian perspective

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WAITING LISTS

The waiting list for hospitals for vertigo can vary depending on several factors, such as the healthcare system in a particular country or region, the availability of specialized healthcare providers, and the severity of the condition. In general, the waiting times for treatment of vertigo can range from a few weeks to several months. This is because there may be a limited number of healthcare professionals who specialize in treating vertigo, such as otolaryngologists or neurologists. Additionally, diagnostic tests, such as vestibular function tests or imaging studies, may also contribute to the waiting time. There can be several issues associated with waiting lists for vertigo treatment. Some common challenges include:

- Limited resources: Hospitals and healthcare facilities may have a limited number of specialists, equipment, and resources dedicated to diagnosing and treating vertigo. This can result in longer waiting times for patients seeking treatment.
- High demand: Vertigo is a common symptom, and many individuals may seek medical attention for its treatment. The high demand for services can contribute to longer waiting lists.
- Prioritization of cases: Hospitals often prioritize patients based on the severity of their condition. Patients with more severe or urgent cases may be given priority over those with less urgent cases. This can lead to longer waiting times for individuals with milder or less urgent symptoms.
- Geographic location: The availability of specialized healthcare providers can vary depending on the geographic location. Individuals residing in rural or remote areas may have limited access to healthcare services, resulting in longer waiting times.

¹ <https://www.theguardian.com/society/2023/feb/08/nhs-waiting-lists-in-england-unlikely-to-fall-in-2023-research-suggests>

To mitigate these issues, healthcare systems can implement strategies such as increasing the number of specialists, improving access to diagnostic tests, and streamlining referral processes. Additionally, telemedicine or virtual consultations can also help reduce waiting times by providing remote access to healthcare professionals.

ROLE OF FAMILY PHYSICIANS

Family doctors can play an essential role in helping patients with vertigo. Here are some ways they can assist:

- a) Initial assessment and diagnosis: When a patient presents with symptoms of vertigo, a family doctor can conduct a comprehensive medical history and physical examination. They can evaluate the duration, frequency, and triggers of vertigo episodes and identify any accompanying symptoms. This assessment helps in determining the potential causes of vertigo and ruling out other underlying conditions.
- b) Treatment and management: In many cases, family doctors can initiate treatment for common causes of vertigo, such as benign paroxysmal positional vertigo (BPPV). They may perform specific maneuvers, like the Epley maneuver, to reposition displaced particles in the inner ear and alleviate symptoms. Family doctors can also prescribe medications to manage symptoms, such as anti-nausea medications or vestibular suppressants.
- c) Referral to specialists: If the vertigo persists or is caused by a more complex underlying condition, family doctors can refer patients to appropriate specialists, such as otolaryngologists or neurologists. These specialists can provide further evaluation, advanced diagnostic tests, and specialized treatments.
- d) Follow-up and monitoring: Family doctors can follow up with patients after initial treatment or referral to assess the effectiveness of interventions and adjust as necessary. They can monitor the patient's progress, provide guidance on self-care strategies, and address any concerns or complications that may arise during treatment.
- e) Patient education: Family doctors can educate patients about vertigo, its causes, and potential triggers. They can explain the importance of lifestyle modifications, such as avoiding sudden head movements or specific positions, to minimize symptoms. They can also provide information about exercises or vestibular rehabilitation programs that can help improve balance and reduce the impact of vertigo on daily activities.

It's important to note that the scope of a family doctor's involvement may vary depending on their expertise and available resources. Collaboration with specialists can ensure comprehensive care for patients with complex or persistent vertigo.

VERTIGO IN EMERGENCY DEPARTMENT

In the context of acute symptoms of vertigo, this often means that the patient cannot get an appointment for examination in the outpatient clinic in a reasonable time. Therefore, although patients know that their lives are not in danger, many of them decide to seek help in the hospital emergency department (ED). On the one hand, treatment protocols in the emergency department are based on the exclusion of the most urgent clinical conditions, such as bleeding, infarction, acute infectious disease, or traumatic injury. Therefore, the usual protocol in the routine examination at ED includes laboratory tests and a CT brain scans in addition to taking the patient's history and neurological status. On the other hand, there are only 4 hospitals in Croatia with ENT physicians in ED, while neurologists are available 24/7 in all 30 Croatian hospitals. For this reason, almost all patients with symptoms of vertigo are referred to the neurological outpatient clinic².

Unfortunately, analysis of all visits to ED shows that only 8% of all examinations of patients with vertigo symptoms revealed vertigo due to central nervous system disorders, while the majority had BPPV, functional vertigo, or secondary vertigo due to inadequately controlled chronic diseases (mostly arterial hypertension).

From all this, we can see several public health problems, both for the patients themselves and for the examining physicians. Due to symptoms of vertigo, patients seek the most accessible doctor, in Croatia this is the doctor in the hospital ED³. In these patients, tests performed at ED show normal results in over 95% of cases. This fact further confuses patients, as their symptoms persist despite the normal findings. Furthermore, the protocols of ED are designed only to rule out the most urgent conditions, leaving no room for a more comprehensive approach to patients with vertigo. This is especially true for the patient's history, where the exclusion of trauma, disorders of consciousness, and febrile conditions are addressed in detail, while the description of vertigo symptomatology is usually very brief. In addition, due to the increasing workload on ED, physicians do not have the time to deal in detail with a patient who does not appear to be in a life-threatening condition.

THE BROADER MEANING OF VERTIGO IN THE CONTEXT OF GLOBALIZATION AND MIGRATIONS

The term vertigo can also be more culturally determined, as many patients in Croatia use the term vertigo in a broader sense that includes both dizziness and unsteadiness, but also more diverse complaints of balance disorders. This is an example of

² Bilić, I., Vujčić, M. i Košta, V. (2022). Analiza rada hitnoga neurološkog prijma Kliničkoga bolničkog centra Split u jednogodišnjem razdoblju. *Liječnički vjesnik*, 144 (9-10), 319-322. <https://doi.org/10.26800/LV-144-9-10-5>

³ Croatian Health Statistics Yearbook 2021, Croatian Institute of Public Health, 2022, Zagreb

just one society and a nation. Today's times, marked by many migrations, but also by the integration of different cultures into the domicile one, brings a different understanding of health and illness. Vertigo can be a symptom or a disease, but it can also be an indicator of a certain condition depending on its cultural affiliation. With the aim of providing the best possible treatment, the doctor who examines the patient must increasingly consider and respect the different understandings of the term vertigo. Vertigo, as a symptom, can occur in individuals across different cultures. However, the perception and interpretation of vertigo may vary depending on cultural beliefs, practices, and healthcare systems. Here are some cultural aspects that may influence the understanding and management of vertigo.

Traditional Medicine

In many cultures, traditional medicine systems exist alongside Western medicine. Traditional healing practices may have their own explanations and treatments for vertigo, often rooted in cultural beliefs and practices. These can include herbal remedies, acupuncture, Ayurvedic medicine, or traditional Indigenous healing methods.

Cultural Interpretations

Cultural interpretations of vertigo may vary. Some cultures may attribute vertigo to spiritual or supernatural causes, such as possession by spirits or imbalances in energy flow. Others may view it as a physiological condition, like a problem with the inner ear or a result of stress or anxiety.

Cultural Stigma and Perception

Cultural stigmas surrounding certain health conditions, including vertigo, can impact individuals' willingness to seek medical help or discuss their symptoms openly. Cultural beliefs and attitudes towards illness and disability may influence how individuals perceive and cope with vertigo.

It is important for healthcare providers to consider cultural factors when assessing and managing vertigo in patients from different cultural backgrounds. Understanding a patient's cultural context can help in providing culturally sensitive care, promoting effective communication, and respecting their beliefs and preferences in the management of vertigo.

CONCLUSION

In summary, a potential solution to this so-called "vertigo issue" may not require many changes in the healthcare system, but rather additional education of patients and healthcare providers. First, public campaigns should focus on educating patients that dizziness, as a very common symptom, is usually not life-threatening. Second, patients should be taught how to describe their symptoms to their physicians as accurately and clearly as possible. This would reduce the time needed to make the correct diagnosis and provide appropriate treatment. It would also save patients and the health care system unnecessary diagnostic procedures. Finally, primary care providers, especially primary care physicians, should be trained in the diagnosis and treatment of patients with vertigo through continuing medical education programmes. If this succeeds, it will result in better patient care, better understanding of vertigo, and earlier initiation of appropriate treatment, which in turn will result in fewer visits to hospital emergency rooms and reduce the financial burden on the health care system.

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