

The use of the Epley Omniax device in the treatment of Benign Paroxysmal Positional Vertigo (BPPV)

ACTRN12619001039178

Status	RECRUITING
Sponsor	Royal Victorian Eye and Ear Hospital
Enrollment	100 participants

Plain Language Summary

Benign Paroxysmal Positional Vertigo (BPPV) is one of the most common causes of dizziness. It happens when tiny calcium crystals in the inner ear shift out of place, causing brief but intense spinning sensations when you move your head. The good news is it's usually treatable with specific head movements called repositioning manoeuvres.

This study compares two repositioning manoeuvres — the well-established Epley manoeuvre and a newer technique called the somersault manoeuvre — using a specialised device called the Epley Omniax that can rotate a person in multiple directions with great precision. Researchers want to find out whether one technique is more effective than the other, particularly for stubborn or recurring cases of BPPV.

You may be eligible if you are 18 or older and have been diagnosed with posterior canal BPPV — confirmed by a specific pattern of eye movements during a Dix-Hallpike test. People with BPPV in other ear canals, or with dizziness caused by something other than BPPV, are not eligible.

Key Eligibility Criteria

Inclusion (2)

- Aged 18 years and above
- Diagnosed with unilateral Posterior canal BPPV. Diagnosis of PC BPPV is based upon the presence of characteristic nystagmus on Dix Hallpike testing, that is, (1) a period of latency (2) followed by counter clockwise torsional nystagmus, which may have a component of upbeat nystagmus, (3) which then fatigues following a duration of typically less than 30 seconds in the canalithiasis variant.

Exclusion (3)

- Unable to give informed consent
- Patients with BPPV of bilateral posterior canals, or the horizontal or anterior canals.
- Patients with nystagmus not attributable to BPPV – i.e. central positioning nystagmus (CPN). Note: Patients with concomitant vestibular conditions in conjunction WITH posterior canal BPPV i.e. vestibular migraine or vestibular neuritis will be included in this study as it is not uncommon for these conditions to be co-morbid with BPPV. The presence of a secondary vestibular disorder can be effectively distinguished by clinical audiologists and physiotherapists trained in the analysis of nystagmus, and the presence of these conditions does not influence with or effect the clinical outcome of the PRMs.

Locations (1 total)

The Royal Victorian Eye and Ear Hospital - East Melbourne, VIC, Australia

<https://www.anzctr.org.au/Trial/Registration/TrialReview.aspx?ACTRN=ACTRN12619001039178>

DISCLAIMER: This document is for informational purposes only and does not constitute medical advice. Always consult your healthcare provider before enrolling in any clinical trial. Information may not be up to date — verify details at anzctr.org.au. Generated by ClinicalTrialsFinder.org.