References

1. Greenberg DM, Hochheiser LI. Family practice residents decision making regarding future practice of obstetrics. J Am Board Fam Pract 1994; 7:25-30.
2. Nesbitt TS. Family practice residents and future obstetrics practice. J Am Board Fam Pract 1994; 7:84-6.

Management of Dizziness

To the Editor: The recent publication by Sloane, et al.[1] on dizziness as it presents in primary care patients is a commendable effort to put an often-elusive symptom into useful clinical perspective. The authors could bring the study into sharper focus by replying to the following questions:

1. Dizziness (perhaps excluding vestibular vertigo) is a common manifestation of the frequently seen somatoform disorders.[2] Was this category of diagnosis entertained in any of the study patients?
2. Did the physicians who examined and treated the patients follow mutually agreed upon protocols for clinical examination, especially of the cardiovascular and central nervous systems?
3. Were there agreed standards for the diagnosis of disorders, such as sinusitis, or for deciding how severe a patient's hypertension or otitis media had to be before it could be accepted as a causative factor for dizziness?
4. Finally, it would be interesting and perhaps instructive to know whether, in hindsight, the 1 patient in the series with an acoustic neuroma had specific signs or symptoms that pointed to this diagnosis or whether the neuroma was a serendipitous finding.

Robert D. Gillette, MD
Youngstown, OH

References

1. Sloane PD, Dallara J, Roach D, Bailey KE, Mitchell M, McNutt R. Management of dizziness in primary care. J Am Board Fam Pract 1994; 7:1-8.
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 3rd ed., revised. Washington, DC: American Psychiatric Association, 1987:255-67.

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Dr. Gillette's questions highlight one of the most important questions that always concerns generalist physicians: are we making the right diagnosis in the primary care setting? This study was not designed to address that issue but rather the issue of describing what does happen in primary care. To propose diagnostic criteria for the more than 72 different conditions that can present as dizziness would have been to impose an extremely complex (and not necessarily more correct) process on our research. This was done by Kroenke, et al.[1] in a recent study, which — by virtue of imposing a standardized work-up on patients — assured that they only studied persons with chronic dizziness. Our study was designed to take a broader look at primary care, not assuming that we had the answers, but instead describing what does occur in practice. Obviously there are many other studies that can and should be done, and Dr. Gillette has suggested an approach that is definitely worth considering for another study.

Philip D. Sloane, MD, MPH
Chapel Hill, NC

References

1. Kroenke K, Lucas CA, Rosenberg ML, Scherokman B, Herbers JE Jr, Wehrle PA, et al. Causes of persistent dizziness. A prospective study of 100 patients in ambulatory care. Ann Intern Med 1992; 117:898-904.

To the Editor: I am very excited about the article by Sloane, et al. entitled "Management of Dizziness in Primary Care" (JABFP 1994; 7:1-8). The work-up of a dizzy patient can be extremely complex and is difficult to force into an elegant algorithm. I was sorry not to see more detail about the 19 patients with psychiatric diagnoses. I expect several of these patients suffered from anxiety or post-traumatic stress disorder connected with alcoholism in their families. I have uncovered a remarkable number of alcoholic families by asking the dizzy patient, "Does your spouse drink?" When the person answers "yes," I ask, "How much?" Of course, positive answers are "too much" or "all the time" or similar statements.

Inasmuch as the average alcoholic severely affects 4 other persons (most often nonalcoholic family members), it is not surprising to see patients with vague dizziness as a somatic manifestation of this family disease. It is still a struggle to decide how far to go with laboratory testing and other investigations on such patients. Codependant patients can have brain tumors, too. A good substance abuse history, not only of the patient but of the immediate family members, might save time, money, and lives.

H.E. Woodall, MD
Anderson, SC

The above letter was referred to the author of the article in question, who offers the following reply:

To the Editor: Dr. Woodall's letter illustrates something about the diagnosis of dizziness. In a way, looking at dizziness is like the blind man and the elephant: whatever you look for you see, and everyone sees something different. Dr. Woodall's comments point out how broad the differential diagnosis is, and what a challenge it is for primary care physicians to find the true cause.

Philip D. Sloane, MD, MPH
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