

THE RISK OF MISDIAGNOSIS BETWEEN CHRONIC SUBJECTIVE DIZZINESS (CSD) AND MÉNIÈRE DISEASE (MD): A PSYCHOMETRICS ANALYSIS

G. Chiarella*, C. Petrolo*, R. Riccelli** and E. Cassandro***

"Magna Graecia" University, Catanzaro, Italy

*Dept. of Experimental and Clinical Medicine, Audiology and Phoniatics Unit

** Dept. of Medical and Surgical Sciences

***University of Salerno, Italy, Dept. of Medicine

CSD is a neurotologic disorder of persistent non-vertiginous dizziness or unsteadiness that is present throughout the day for 3 months or more, for years. Symptoms may be exacerbated by upright posture, patients' own movements, exposure to full field visual stimuli, or performance of precision visual tasks. CSD is usually triggered by neurotologic or other events that cause acute attacks of vertigo, unsteadiness, or dizziness, such as vestibular neuritis or panic attacks. The pathophysiologic processes underlying CSD are unknown, but may relate to patients' failure to return to normal postural control after adapting to the demands of acute vestibular crises. CSD was rarely seen with Ménière Disease (MD). Our aim was to compare MD and CSD patients and healthy controls (HCs) searching for psychometrics elements that can improve our diagnostic ability, reducing the risk of misdiagnosis and confusion between CSD and MD patients, especially in MD's intercritical phase.

METHODS

59 subjects:

19 CSD

15 definite MD

25 healthy controls (HCs)

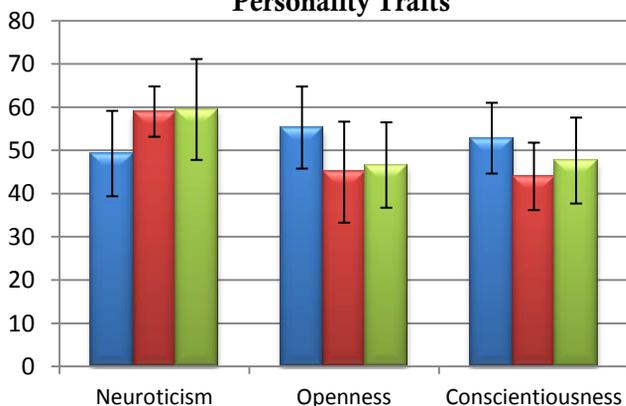
- ✦ History and self-reports of impairment on the Dizziness Handicap Inventory (DHI)
- ✦ Vestibular laboratory testing and imaging if indicated
- ✦ Psychometric questionnaires: GAD7, PHQ9, NEO-PI-R

RESULTS

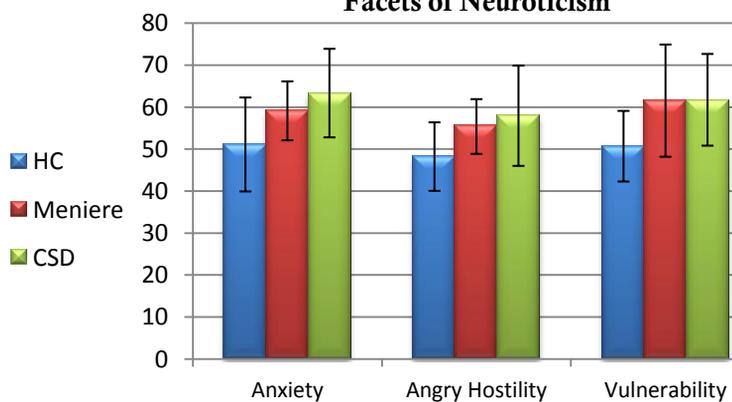
A trend of difference among groups was found in the state depression ($p=0.06$). A significant difference was found among the 3 groups in the state anxiety ($p=0.04$). Both of these differences were driven by a higher state anxiety and depression of the patients (either MD or CSD) relative to HCs, while the 2 groups of patients were comparable for these 2 variables. CSD group and MD group were comparable for dizziness severity (CSD mean \pm SD:42 \pm 22.3, MD mean \pm SD:45.71 \pm 22.5; $p=0.71$)

Analysis of personality scores: difference among the 3 groups were found in Neuroticism, Openness and Conscientiousness. The more significant differences were found in the facets of Neuroticism. Of note, all the differences were driven by differences between the 2 groups of patients and HCs, while no differences were found between CSD and MD groups.

Personality Traits



Facets of Neuroticism



CONCLUSIONS

Most of the differences documented were driven by the comparisons between HCs and CSD groups and/or between HCs and MD groups, with low differences between CSD and MD groups. MD and CSD are equivalent on all variables (state and traits). This allows us to suggest a possible common psychological ground in the 2 groups. Our results are influenced by the small number of patients but confirm that high values of Neuroticism may represent a risk factor for CSD and for MD crises. We'll not miss the possibility to broaden the study population to better understand these results.