

What Is Vestibular Migraine?

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The International Headache Society has developed a consensus document ICHD-3 that includes diagnostic criteria for vestibular migraine.

These criteria consist of the following:

- At least five episodes of vestibular symptoms of moderate or severe intensity lasting five minutes to 72 hours
- Current or previous history of migraine attacks with or without aura according to the ICHD classification
- One or more of the following features with at least 50% of vestibular episodes:
 - Headache with at least two of the following characteristics
 - One-sided location
 - Pulsating quality
 - Moderate or severe pain intensity
 - Aggravation by routine physical activity
 - Photophobia or phonophobia
 - Visual aura
- Not better accounted for by another vestibular or ICHD diagnosis

Other Symptoms

Temporary auditory symptoms, nausea, vomiting, prostration and susceptibility to motion sickness may be associated with vestibular migraine. However, since they also occur with various other vestibular disorders, they are not included as diagnostic criteria.

Relationship to Benign Paroxysmal Vertigo

ICHD-3 specifically recognizes benign paroxysmal vertigo. The diagnosis requires five episodes of vertigo, occurring without warning and resolving spontaneously after minutes to hours. Between episodes, neurological examination, audiometry, vestibular functions and EEG must be normal. A unilateral throbbing headache may occur during attacks but is not a mandatory criterion. Benign paroxysmal vertigo is regarded as one of the precursor syndromes of migraine in kids. Therefore, previous migraine headaches are not required for diagnosis. Since the classification of vestibular migraine does not involve any age limit, the diagnosis can be applied when the respective criteria are met, but only children with different types of vertigo attacks (eg, short-duration episodes of less than five minutes and longer-lasting ones of more than five minutes) should receive both these diagnoses.

Treatment Options

So far, evidence for effective treatment in vestibular migraine through randomized controlled clinical trials is scarce. From case reports, vestibular migraine frequently responds to standard migraine prevention and abortive treatment strategies.

References/Resources:

1. Huang TC, Wang SJ, Kheradmand A. Vestibular migraine: an update on current understanding and future directions [published online August 8, 2019]. Cephalalgia. doi: 10.1177/0333102419869317.
2. Headache Classification Committee of the International Headache Society (IHS), "The International Classification of Headache Disorders, 3rd edition"
3. Hilton DB, Shermetaro C. Migraine-Associated Vertigo (Vestibular Migraine) [Updated 2020 Jan 15]. StatPearls Publishing; available from: <https://www.ncbi.nlm.nih.gov/books/NBK507859/>