

Impact of Betahistine with Canalith Repositioning Maneuvers on Benign Paroxysmal Positional Vertigo: A Real-World Study

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Aims & Objectives:

Background: Benign paroxysmal positional vertigo (BPPV) is commonly managed with canalith repositioning maneuvers (CRMs), but recurrence and residual dizziness are frequent. Betahistine, by enhancing inner ear microcirculation and vestibular compensation, may improve outcomes.

Objective: To assess the efficacy of betahistine 48 mg/day for 3 months, as an adjunct to CRMs, in reducing vertigo frequency, residual dizziness, and recurrence in BPPV patients.

Methods:

- In this retrospective study, adult BPPV patients received CRMs alone (Group B, n=112) or CRMs + betahistine (Group A, n=112).
- Outcomes were vertigo incidence, severity, duration, recurrence, and residual dizziness, evaluated at baseline, 30, 60, and 90 days.

Results:

- At 90 days, Group A showed greater reduction in monthly vertigo attacks (92.2% vs. 89.1%, $p=0.034$), faster resolution of associated symptoms (unsteadiness 50%→8.0%; nausea 59%→9.8%; vomiting 42%→3.6%; all $p<0.001$), and significant reduction in nystagmus.
- Residual dizziness was absent in Group A but persisted in 7.1% of Group B ($p=0.002$).
- No recurrence occurred in Group A, compared to 0.9% in Group B.
- Both regimens were well tolerated.

Conclusion:

- Betahistine (48 mg/day, 3 months) as an adjunct to CRMs significantly improves BPPV outcomes, ensuring greater symptom resolution, prevention of residual dizziness, and reduced recurrence, supporting its role in sustained vestibular stabilization.