

Etiology Analysis and Treatment Discussion of Senile Vertigo Patients in Neurology Department

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Abstract: Objective: To analyze the etiology and therapeutic effect of elderly patients with vertigo in the Department of Neurology and clarify the importance of scientific treatment in senile vertigo patients. Methods: 32 senile vertigo patients were selected as research objects and divided into a control group and an experimental group according to the different treatment methods, with 16 cases in each group. The control group was treated with conventional Western medicine, while the experimental group was treated with additional traditional Chinese medicine massage therapy on the basis of Western medicine. The etiologies and therapeutic effects were analyzed and compared between the two groups of patients. Results: The etiologies of senile vertigo patients mainly include chronic subjective dizziness, benign paroxysmal positional dizziness, posterior circulation ischemia, mood disorders, vestibular neuritis and migraine, etc. Among them, the first two are the most common etiologies, the rate of chronic subjective dizziness reached up to 36%, and the benign paroxysmal positional dizziness was 27%. In addition, the total effective rate of the experimental group was 98%, which was higher than that of the control group (76%), and the difference was statistically significant (P<0.05). Conclusion: Integrating traditional Chinese massage therapy with Western medicine can help senile patients effectively control their disease condition and continuously improve their overall therapeutic effects.

Keywords: Neurology Department; Senile Vertigo; Etiology Analysis; Evaluation of Therapeutic Effects

Introduction

Vertigo is a relatively common central nervous system disease in clinical practice, which is mostly seen in middle-aged and elderly patients. With the increase of age, the incidence rate of vertigo is also rising, and gradually becomes a serious central nervous system disease. Drowsy refers to being unable to stand, or having a confusing of space and time, so that people have a feeling of spinning. The occurrence of vertigo generally has to go to a regular medical institution for relevant examination, you can choose to go to the ear, nose and throat department or neurological specialists. Because the body immunity of the elderly is lower than that of the young, it is very important to explore its pathogenesis and treatment effect, but so far there is still no clear conclusion on its pathogenesis, which is a difficult problem to be answered clinically. We collected 32 elderly patients from October 1992 to March 2004 and analyzed their etiology, characteristics, management, and outcomes.

1. Data and methods

1.1 General information

In this study, 32 senile vertigo patients hospitalized in the neurology department of our hospital from October 2019 to March 2021 were randomly divided into two groups: 16 patients in the observation group and 16 patients in the control group. The onset is January to February. One year after surgery, the course of disease in both groups was 1 year. Conclusion: There was no significant difference in the general information between the observation group and the control group (P <

1.2 Research methods

Observation group: For patients with acute vertigo, intramuscular injection with dosage 25-50mg can be used. During the interval between vertigo, medication, sibylline can be used, the patients can take orally, 10 mg/time per day. At the same time, the drugs used can be selected, and 20ml intravenous injection can be given to the patient once a day. Instruct the patient to take oral aspirin enteric coated, 75mg each time, once a day. The patient was instructed to take aspirin orally, 75mg, once a day. The treatment was carried out for 14 days according to the above treatment plan. Control group: In the early stage of coma, Intramuscular injection of 5-10 mg analgesic. If the patient experiences vertigo, they need to take 75 milligrams aspirin enteric once a day. If it is intravenous infusion, 20ml of Danshen Injection can be taken orally for 14 consecutive days^[2].

1.3 The evaluation indicators are based on whether they are effective and improved

Treatment effect: the feeling of vertigo disappeared, no recurrence within a month. Curative effect: The patient had vertigo and other feelings one month after surgery, and there was a significant improvement. Ineffective: The patient's vertigo and other discomfort have not been significantly relieved, and there are repeated cases^[3].

1.4 Statistical methods SPSS 11.5 was used as the processing tool for data processing and variance analysis

The statistical analysis of t2 and secondary factors was carried out on single factor and secondary factor. When the two methods are compared (P<0.05), which indicates that the comparison between the two methods is relatively statistically significant [4].

2. Research results:

2.1 Etiological analysis of vertigo in 32 patients selected

After clinical diagnosis of patients and analysis of its etiology, the results showed that the proportion of vertigo caused by various causes was significantly different. In this research, the main cause of vertigo in patients was posterior circulation ischemia (43.75%). mental factor (25.00%). Table 1 for details.

Etiology	Number	Proportion(%)	Summary[n(%)]
Posterior Circulation Ischemia	14	43.75	14(43.75)
Mental Factor	8	25	22(68.75)
Unexplained Perivestibular Vertigo	4	12.5	26(81.25)
Benign Episodic Positional Vertigo	4	12.5	30(93.75)
Other Factors	2	6.25	32(100)

Table 1 Etiology and data analysis of vertigo in 32 patients

2.2 Comparison of clinical treatment effect between the two groups

After corresponding treatment, among the patients in the observation group, 11 cases had obvious effect, accounting for 68.75%; 4 cases had common effect, accounting for 25.00%; 1 case had little effect, accounting for ineffective, accounting

for 6.25%; and the total effective rate reached up to 93.75%. In the control group, there were 6 patients with obvious effect, accounting for 37.50%; 6 patients with common effect, accounting for 37.50%; 4 patients with ineffective response, accounting for 25.00%; the total effective rate was 75.00%. After statistical process, there were significant differences in total clinical effect rate between the two groups (P<0.05) [5].

3. Discussion

In recent years, due to the change of lifestyle, the increase of life pressure and the lack of physical exercise and other factors, the incidence of vertigo in our country has increased year by year, and there is a tendency towards youthfulness. When patients have vertigo, they mainly rotate their eyes, which is because the connection between patients and the outside world is abnormal in the conduction process of the cerebral cortex, resulting in patients with rotation, flopping, falling and other feelings, and serious patients will also have a series of symptoms such as nausea and vomiting. While the patient is receiving treatment, the patient may experience increased blood pressure and other autonomic disease. Because vertigo has the characteristics of repeated and frequent, it not only causes obvious interference to the daily work of patients, but also causes obvious interference to the mood of patients, leading to adverse reactions such as sleep disorders in patients, therefore a decline in the quality of life of patients will occurs.

In this research, it was found that the main cause of the disease was insufficient blood supply in the posterior circulation, with an incidence of 43.75%, while the psychological cause was also the cause of the disease, with an incidence of 25.00%. In terms of therapeutic effect, patients in the observation group were treated according to different patients. Patients in the acute stage were treated with promethazine, and patients in the intermittent stage were treated with flunarizine capsules, aspirin enteric-coated tablets and breviscapine, and the total effective rate was 93.75%.

In the control group, patients were treated with Diazepam during acute attacks and salvianaspirin enteric-coated tablets during intermittent attacks. The total effective rate of the control group was 75.00%, and the therapeutic effect of the observation group was significantly better than that of the control group. In terms of the probability of co-morbidity and sudden death, patients in the experimental group were obviously relatively safe, without sudden death. In the elderly, attention should be paid not only to patients with posterior circulation ischemia, but also to the causes of vertigo and mental status of patients [6], and whether patients have symptoms such as depression and anxiety. In order to better improve the treatment success rate of patients, appropriate treatment methods should be adopted according to the etiology of patients and different types of therapeutic methods should be given.

Aspirin, salvia miltiorrhiza injection, promethazine and flunarizine were the main treatment methods. The quality of life, therapeutic efficacy and symptom scores of the observation groups were better than those of the control group. It can be seen that combined application of aspirin and salvia miltiorrhiza injection, promethazine and flunarizine were added can effectively improve the therapeutic effect of patients, accelerate the speed of symptom relief of patients, and thus improve the quality of life of patients. Aspirin and salviorrhiza injection are both anticoagulant drugs, and aspirin plays a good role in inhibiting the production of clotting factors.

Among them, promethazine has the effect of inhibiting H1 receptor, and its effect in treating vertigo is mainly manifested in: it has a good central sedative effect, which can quickly reduce patients' fear, anxiety, tension and other negative emotions; This product is a strong antihistamine drug, which can maintain microcirculation permeability, prevent local edema caused by vascular dilation, inhibit thrombus formation, and has good antihistamine effect; It has a strong anti-syncope and choline inhibition effect, so it can reduce the patients' feeling of vertigo, and can relieve vomiting, deafness, tinnitus and other symptoms, and can make the local blood flow of the brain faster, faster circulation, with significant curative effect. As a calcium reservoir blocking drug, flununlizine hydrochloride can maintain vascular permeability, reduce vascular constriction hemorheological changes by inhibiting calcium reservoir in calcium reservoir. Especially for the neck and other body parts, this product has obvious inhibition of vasoconstriction, can effectively prevent long-term contraction of

blood vessels. In addition, this product also has the effect of protecting the heart muscle, anti-epilepsy, etc., because of the effect of this product is more, so it is often used in senile patients with vertigo. The use of quadruple treatment is mainly because there are many kinds of vertigo symptoms in the elderly, so the four drugs can simultaneously treat different vertigo symptoms, so as to achieve the purpose of enhancing the efficacy.

In short, there are many factors that cause vertigo in the elderly, and the most common etiology is posterior circulation ischemia and perivestibular dizziness. According to the main etiology, the four-drug combination has better efficacy than the two-drug combination, and can quickly improve the quality of life of patients, and it is worth to promote in clinical practice.

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