# **RESEARCH ARTICLE Psychological and cognition and quality of life in patients with vertigo**

# Sai Sailesh Kumar Goothy<sup>1</sup>, Padmanabha B V<sup>2</sup>, Mukkadan J K<sup>3</sup>

<sup>1</sup>Department of Physiology, R D Gardi Medical College, Ujjain, Madhya Pradesh, India, <sup>2</sup>Department of Physiology, Faculty of Medicine, Northern Border University, Arar, Kingdom of Saudi Arabia, <sup>3</sup>Department of Research, Little Flower Medical Research Centre, Angamaly, Kerala, India

Correspondence to: Sai Sailesh Kumar Goothy, E-mail: dr.saisailesh@gmail.com

Received: September 24, 2019; Accepted: April 11, 2020

## ABSTRACT

**Background:** Assessment of the psychological, cognitive, and quality of life in the patients of vertigo helps to plan better management methods. **Aim and Objective:** The present study was designed to assess the psychological and cognition and quality of life in patients with vertigo. **Materials and Methods:** The study included 30 vertigo patients (cases) and 30 age- and gender-matched healthy participants (controls). Depression, anxiety, and stress were assessed using DASS 42 questionnaire. Spatial and verbal memory test was used to assess the cognition functions of the participants. Quality of life was assessed using the World Health Organization Quality of Life-BREF questionnaire which is standardized questionnaire by the World Health Organization. **Results:** Depression, anxiety, and stress levels were significantly higher in the vertigo patients when compared with healthy controls (P < 0.0001). Spatial (P = 0.0008) and verbal memory (P < 0.0001) scores were significantly lower in the vertigo patients when compared with healthy controls. All the four domains of quality of life were significantly decreased in the vertigo patients when compared with healthy controls (P < 0.0001). **Conclusion:** There was a significant increase in the negative emotions and significant decrease in the cognitive parameters and quality of life in the vertigo patients when compared with healthy controls (P < 0.0001).

KEY WORDS: Vertigo Patients; Cognitive Parameters; Quality of Life

# INTRODUCTION

Maintenance of balance has an eminent role in the day-to-day life. It mainly depends on sensory inputs from the vestibular, proprioceptive, and visual impulses which are integrated at the brain stem and cerebellum. Vestibular system was the most important sensory system in the maintenance of posture and equilibrium.<sup>[1]</sup> Vestibular system has extensive connections throughout the cortical and subcortical structures which enables

Access this article online				
Website: www.njppp.com	Quick Response code			
DOI: 10.5455/njppp.2020.10.09328201911042020	回版 回 洗料 回決機			

it to regulate the most of the body functions apart from the body posture. Hence, the vestibular system was considered as sixth sense. Patients with vertigo feel spinning or swaying movements.<sup>[2-4]</sup> The prevalence of vertigo was more in elderly patients.<sup>[5]</sup> Earlier studies have linked the psychological disorders with vestibular disorders. Excessive stress was reported to cause vestibular disturbances directly through secretion of cortisol or indirectly through release of neuroactive substances.<sup>[6]</sup> Vestibular damage was reported to deteriorate the cognitive functions as functional magnetic resonance imaging studies have reported that there was atrophy of the hippocampus followed by the vestibular lesions.<sup>[7]</sup> It was reported that the quality of life was decreases and even worsen in the patients of vertigo when compared with other disorders.<sup>[8]</sup> Assessment of the psychological, cognitive, and quality of life in the patients of vertigo helps to plan better management methods. Hence, the present study was designed to assess the psychological and cognition and quality of life in patients with vertigo.

National Journal of Physiology, Pharmacy and Pharmacology Online 2020. © 2020 Sai Sailesh Kumar Goothy, *et al.* This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (http://creative commons.org/licenses/by/4.0/), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material for any purpose, even commercially, provided the original work is properly cited and states its license.

# MATERIALS AND METHODS

## **Study Design**

This was an observational study.

## **Study Setting**

The present study was conducted at Little Flower Hospital and Research Centre, Angamaly, Kerala, India.

## **Study Participants**

The study included 30 vertigo patients (cases) and 30 ageand gender-matched healthy participants (controls). The following criteria were used in the selection of cases.

## **Inclusion and Exclusion Criteria**

Vertigo patients within 30–50 years of age and those willing to participate in study were included in the study. Those with any severe complications and those not willing to not willing to participate were excluded from the study.

## Assessment of Psychological Functions

Depression, anxiety, and stress were assessed using DASS 42 questionnaire.<sup>[9]</sup>

#### **Assessment of Cognition**

Spatial and verbal memory test was used to assess the cognition functions of the participants.<sup>[10]</sup>

## Assessment of Quality of Life

Quality of life was assessed using the World Health Organization Quality of Life-BREF questionnaire which is standardized questionnaire by the World Health Organization.<sup>[11,12]</sup>

#### **Ethical Consideration**

The study was approved by the Institutional Ethical Committee and informed consent was obtained from all the participants after explaining the details of the study and ensuring the confidentiality.

## Data Analysis

Data were analyzed by SPSS 20.0. Unpaired *t*-test was used to observe the significance of difference between the groups. P < 0.05 was considered as statistically significant.

# RESULTS

Results are presented in Tables 1 and 2. Depression, anxiety, and stress levels were significantly higher in the vertigo

patients when compared with healthy controls (P < 0.0001) [Table 1]. Spatial (P = 0.0008) and verbal memory (P < 0.0001) scores were significantly lower in the vertigo patients when compared with healthy controls. All the four domains of quality of life were significantly decreased in the vertigo patients when compared with healthy controls (P < 0.0001) [Table 2].

#### DISCUSSION

The vestibular system is the specialized system which relates our body to the gravity which is essential for survival. Although the basic function of vestibular system is to maintain balance, entire physiology of the body will be influenced by the vestibular system. Several studies narrated the link between the anxiety, depression, and vestibular disorders.<sup>[13-16]</sup> Interestingly, it was reported that the mental disorders like anxiety can harm the vestibular system and lead to dizziness, vertigo, etc. Further, these patients when treated with antidepressants showed great improvement.<sup>[17,18]</sup> This indicates to and fro influence of the psychological parameters with vestibular system. Further, it was reported that these emotional disorders were linked with impaired cognitive functions. It was reported that one of the underlying causes for the development of emotional disorders is the cognitive impairment.<sup>[19]</sup> Changes in the emotions have also direct influence on the vestibular function as there are serotonergic projections from the raphe nucleus which will be projecting to the amygdala and vestibular nucleus. It was reported that vestibular lesions cause impairment in the cognition, emotions, and personality.<sup>[20,21]</sup> The present study results are in accordance with earlier studies as we have observed higher scores of depression, anxiety, and stress in the patients with vestibular disorder when compared with healthy controls. Vestibular lesions were reported to impair the cognitive

Table 1: Psychological parameters among cases and controls					
Parameter	Cases	Controls	P value		
Depression	22.0±5.25	14±2.26	< 0.0001***		
Anxiety	19.25±3.84	8.77±2.86	< 0.0001***		
Stress	24.34±5.71	16.48±3.44	< 0.0001***		

\*\*\*P<0.001 is very highly significant

Table 2: Cognitive parameters and quality of life among					
cases and controls					

Parameter	Cases	Controls	P value			
Spatial memory	4.26±1.33	6.12±2.54	0.0008***			
Verbal memory	$3.41 \pm 0.18$	5.88±1.27	< 0.0001***			
Physical health score	38.64±7.46	62.12±12.16	< 0.0001***			
Psychological score	43.27±4.89	58.33±9.74	< 0.0001***			
Social relationships score	28.11±4.18	47.29±8.31	< 0.0001***			
Environmental score	37.83±11.13	60.25±16.32	< 0.0001***			

\*\*\*P<0.001 is very highly significant

functions such as learning, memory, and attention. It was reported that vestibular damage causes permanent destruction of the cognition processing areas that include both spatial and non-spatial functions.<sup>[22]</sup>

# Limitations

The sample size was less in the study and the study was conducted at one center. Hence, the results cannot be generalized.

# CONCLUSION

There was a significant increase in the negative emotions and significant decrease in the cognitive parameters and quality of life in the vertigo patients when compared with healthy controls.

# REFERENCES

- Sailesh KS, Archana R, Mukkadan JK. Vestibular stimulation: A simple but effective intervention in diabetes care. J Nat Sci Biol Med 2015;6:321-3.
- Bergquist F, Ludwig M, Dutia MB. Role of the commissural inhibitory system in vestibular compensation in the rat. J Physiol 2008;586:4441-52.
- Andersson G, Hagnebo C, Yardley L. Stress and symptoms of Meniere's disease: A time-series analysis. J Psychosom Res 1997;43:595-603.
- 4. Hamid MA, Trune DR, Dutia MB. Advances in auditory and vestibular medicine. Audiol Med 2009;7:180-8.
- Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Arch Gen Psychiatry 2005;62:593-602.
- Ariyasu L, Byl FM, Sprague MS, Adour KK. The beneficial effect of methylprednisolone in acute vestibular vertigo. Arch Otolaryngol Head Neck Surg 1990;116:700-3.
- Smith PF, Zheng Y, Horii A, Darlington CL. Does vestibular damage cause cognitive dysfunction in humans? J Vestib Res 2005;15:1-9.
- Handa PR, Kuhn AM, Cunha F, Schaffleln R, Ganança FF. Quality of life in patients with benign paroxysmal positional vertigo and/or Ménière's disease. Braz J Otorhinolaryngol 2005;71:776-82.
- Lovibond SH, Lovibond PF. Manual for the Depression Anxiety Stress Scales. 2<sup>nd</sup> ed. Sydney: Psychology Foundation; 1995.

- Manjunath NK, Telles S. Spatial and verbal memory test scores following yoga and fine arts camps for school children. Indian J Physiol Pharmacol 2004;48:353-6.
- 11. The world health organization quality of life assessment (WHOQOL): Position paper from the world health organization. Soc Sci Med 1995;41:1403-9.
- 12. Development of the world health organization WHOQOL-BREF quality of life assessment. The WHOQOL Group. Psychol Med 1998;28:551-8.
- Eagger S, Luxon LM, Davies RA, Coelho A, Ron MA. Psychiatric morbidity in patients with peripheral vestibular disorder: A clinical and neuro-otological study. J Neurol Neurosurg Psychiatry 1992;55:383-7.
- 14. Furman JM, Redfern MS, Jacob RG. Vestibulo-ocular function in anxiety disorders. J Vestib Res 2006;16:209-15.
- 15. Balaban CD. Neural substrates linking balance control and anxiety. Physiol Behav 2002;77:469-75.
- Godemann F, Schuller J, Uhlemann H, Budde A, Heinz A, Ströhle A, *et al.* Psychodynamic vulnerability factors in the development of panic disorders--a prospective trial in patients after vestibular neuritis. Psychopathology 2009;42:99-107.
- 17. Bolmont B, Gangloff P, Vouriot A, Perrin PP. Mood states and anxiety influence abilities to maintain balance control in healthy human subjects. Neurosci Lett 2002;329:96-100.
- Simon NM, Parker SW, Wernick-Robinson M, Oppenheimer JE, Hoge EA, Worthington JJ, *et al.* Fluoxetine for vestibular dysfunction and anxiety: A prospective pilot study. Psychosomatics 2005;46:334-9.
- 19. Halberstadt AL, Balaban CD. Serotonergic and nonserotonergic neurons in the dorsal raphe nucleus send collateralized projections to both the vestibular nuclei and the central amygdaloid nucleus. Neuroscience 2006;140:1067-77.
- Sang FY, Jáuregui-Renaud K, Green DA, Bronstein AM, Gresty MA. Depersonalisation/derealisation symptoms in vestibular disease. J Neurol Neurosurg Psychiatry 2006;77:760-6.
- 21. Furman JM, Jacob RG. A clinical taxonomy of dizziness and anxiety in the otoneurological setting. J Anxiety Disord 2001;15:9-26.
- 22. Smith PF. Vestibular-hippocampal interactions. Hippocampus 1997;7:465-71.

**How to cite this article:** Goothy SS, Padmanabha BV, Mukkadan JK. Psychological and cognition and quality of life in patients with vertigo. Natl J Physiol Pharm Pharmacol 2020;10(07):524-526.

Source of Support: Nil, Conflicts of Interest: None declared.