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IMPROVED POSTURAL CONTROL AFTER BEHAVIOURAL SHORT TERM INTERVENTION IN PATIENTS WITH PSYCHIATRIC DIZZINESS

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Background: Patients with psychiatric dizziness often report subjective instability of stance and gait and fear of falls. They showed increased activity of their body sway in static posturography compared to normals (1, 2). Aim of the present study was to evaluate the efficiency of a behavioural therapy by static posturography.

Methods: 14 patients with psychiatric dizziness were included in the prospective study on static posturography to quantify the postural sway (sway path) during upright stance under different conditions. The psychosomatic examination comprised of standardized interviews (SCID-Interview) and a psychometric examination battery (SCL-90, VSS, VHQ). Results of static posturography were compared to those of an age-matched control group (n=23), baseline measurements were compared to the results after behavioural short term intervention.

Results: At baseline patients revealed significantly lower sway-path values in the anterior-posterior and lateral planes ($p < 0.001$ - $p = 0.042$) but significantly elevated values in the vertical plane ($p = 0.015$ - $p = 0.042$). They had to be supported more often in the examination setting to prevent falls ($p < 0.001$). After the short term intervention therapy a normalization of sway path values was present, especially the increased vertical sway activity was reduced ($p = 0.028$).

Conclusion: Patients with psychiatric dizziness activate significantly more anti-gravity muscles which reflects a change in postural strategy with an increased "stiffness" and a consecutively higher rate of "falls". The patient's conscious control of stance augments coactivation of anti-gravity muscles. This typical pattern of postural control could be normalized by a short term behavioural therapy. 1. Krafczyk, 1999; 2. Querner, 2000.