



June 22, 2023

To Whom It May Concern:

I am submitting this comment of support for the Avoid Hospitalization After Release with a Misdiagnosis—ED Stroke/Dizziness (Avoid H.A.R.M.) performance measure.

The Vestibular Disorders Association (VeDA) supports people with inner ear disorders that cause dizziness, vertigo and disequilibrium. Because of the many possible causes of dizziness, getting a correct diagnosis can be a long and frustrating experience. Symptoms of chronic dizziness or imbalance can have a significant impact on the ability of a disabled person to perform one or more activities of daily living, such as bathing, dressing, or simply getting around the home. Vestibular patients often find it difficult to engage with groups of people, occupy busy public spaces, or concentrate for long periods, which can result in loss of work and isolation from friends and family. The painful social and economic impacts of vestibular disorders are significantly underestimated.

As many as 35% of adults aged 40 years or older in the United States – approximately 69 million Americans – have experienced some form of vestibular dysfunction. According to the National Institute on Deafness and Other Communication Disorders (NIDCD), a further 4% (8 million) American adults report a chronic problem with balance, while an additional 1.1% (2.4 million) report a chronic problem with dizziness alone. Eighty percent of people aged 65 years and older have experienced dizziness, and benign paroxysmal positional vertigo (BPPV), the most common vestibular disorder, is the cause of approximately 50% of all dizziness in older people. Overall, vertigo from a vestibular problem accounts for a third of all dizziness and vertigo symptoms reported to health care professionals.

Vestibular disorders are under diagnosed and under treated, with devastating results including increased medical costs, loss of time worked, and less quantifiable but equally relevant negative impacts on patient quality of life.

Equally troubling is the lack of clear diagnostic criteria for vestibular disorders, and even more concerning is evidence that even when such criteria exist they are not always followed. For example, BPPV – the most common and easily recognizable vestibular disorder – has clinical practice guidelines published by the American Academy of Otolaryngology Head and Neck Surgery. However, patients with BPPV often receive delayed diagnosis, inappropriate testing, and ineffective treatment leading to needlessly prolonged suffering, increased risk of falls, decreased productivity, and higher healthcare costs.

Ensuring accurate and efficient diagnosis for these patients will likely save lives and reduce costs through prompt and appropriate treatments. In addition, patients will be able to get back to work and other normal life activities.

As Executive Director of VeDA I have spoken with hundreds of people who have been negatively impacted by an inaccurate diagnosis resulting in years or a lifetime of challenges, including loss of work, relationships, and the ability to care for themselves. These devastating

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L I F E R E B A L A N C E D

consequences can be avoided with improved diagnostic outcomes in emergency and urgent care settings.

Regards,

A handwritten signature in black ink, appearing to read "Cynthia Ryan". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Cynthia Ryan, MBA
Executive Director

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