Vertigo

Stop the spin

Rolling over to get up out of bed — you’ve done it countless times. Only this time, as you plant your feet on the floor and stand up, it feels like the world is spinning tipped on its side.

You call it dizziness, that sense that you or your surroundings are spinning or moving. Your doctor calls it vertigo, which is the medical term to describe an illusion of movement — often rotating — of the person or the person’s surroundings. And after you answer a few questions, your doctor suspects you may be encountering one of the most common forms of vertigo, called benign paroxysmal positional vertigo (BPPV). The good news is BPPV is generally treatable with a simple in-office procedure.

Anatomy of balance

Your sense of balance relies on several images sent to your brain from different locations. Your eyes process visual signals that help you determine where your body is relative to your surroundings. The sensory nerves in your skin, muscles and joints relay messages to your brain about your movements. And then there’s the inner ear, which sends signals to the

Within the inner ear are three loop-shaped tubes (semicircular canals) containing fluid and fine, hair-like detectors that monitor head rotation. The semicircular canals attach to a sac-like structure (utricle). Within the utricle are tiny granules attached to sensors that help you detect gravity and straight-line motion.
part of the brain that controls eye movement so that the image you’re looking at stays in focus. It also lets your brain know if you’re moving.

Within the inner ear is the organ of balance — the vestibular labyrinth (ves-TIB-u-lur LAB-uh-rinth). It consists of three loop-shaped tubes (semicircular canals) containing fluid and fine, hair-like detectors that monitor head rotation. The semicircular canals attach to a sac-like structure (utricle). Within the utricle are tiny granules — otoconia (o-toe-KOE-nee-uh) — attached to sensors that help you detect gravity and straight-line motion. Your balance may be compromised if:

- Your brain is unable to appropriately process signals from your eyes, sensory nerves and inner ears
- The messages your brain receives from your eyes, sensory nerves or inner ears are conflicting
- Your sensory systems aren’t functioning properly

**Spin cycle**

In the case of BPPV, what sets things spinning is the displacement of those tiny otoconia particles. If those particles come loose, they end up floating in the fluid of the semicircular canals — usually in the posterior semicircular canal. It can occur at any adult age, although it’s increasingly common after age 50. Why it develops isn’t clear, although it can occur after a blow to the head.

Certain positions or movement, such as rolling over in bed, sitting up, looking up or bending forward, can set the otoconia in motion, pushing the inner ear fluid and bending the tiny hair-like sensors.

When this happens, a false signal of movement is sent to the brain. The result is a sudden, short spinning sensation, usually lasting less than a minute. BPPV may also cause some nausea and possibly vomiting, lingering fatigue, queasiness and a feeling of imbalance.

Without treatment, bouts of vertigo due to BPPV may occur off and on unpredictably for weeks or even for years.

**Determining the problem**

Any recurrent, unexplained or severe dizziness warrants a visit to your doctor. A series of tests can help determine what form of vertigo you may have or if your symptoms may be associated with another disorder. Along with a physical exam, you may have hearing and balance tests.

Your doctor may also position your head to check your eyes for involuntary jerking movements — called nystagmus (nis-TAG-mus) — associated with vertigo. If nystagmus is present, the pattern of eye movements may indicate which ear is responsible for the dizziness.

**More inner ear disorders with spin**

Brief, intermittent dizziness is the hallmark of a type of vertigo called benign paroxysmal positional vertigo (BPPV). Other inner ear problems are noteworthy for producing longer lasting or more intense vertigo. Some of these include:

- **Inflammation in the inner ear or vestibular nerve (acute vestibular neuritis)** — Also known as labyrinthitis, this may occur due to viral infection. The dizziness is persistent and constantly present for days, along with nausea and vomiting. Anti-nausea drugs may be helpful. Specific medical therapy may be helpful if started by your doctor early in the course of the illness.
- **Meniere’s disease** — Marked by sudden vertigo attacks lasting 20 minutes or longer, Meniere’s may also produce fullness in the ear, a ringing or roaring sensation (tinnitus), and fluctuating hearing loss. It’s thought to be due to fluid buildup in the inner ear for unknown reasons. Treatment may involve dietary changes, use of diuretics or antihistamines and sometimes antibiotics. Occasionally, surgery is done.
- **Superior canal dehiscence syndrome** — This disorder results from a small, abnormal opening in the bone over the inner ear. The opening can cause brief vertigo triggered by sounds or straining, enhanced hearing in the affected ear, dizziness, nausea and imbalance. Bone-imaging studies can detect the opening, and surgery to patch the bone can relieve symptoms.

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Canalith repositioning
To help relieve benign paroxysmal positional vertigo (BPPV), your doctor may use a series of maneuvers that move particles from the posterior semicircular canal into the utricle. Each step is held for about 30 seconds. The steps, (shown here for the left ear) include:

1) Moving from a sitting to a reclining position. Head is extended over the end of the table at a 45-degree angle.
2) Turning your head to the right.
3) Rolling over onto your side. Head is slightly angled while looking down at the floor.
4) Returning carefully to a sitting position.
5) Tilting your chin down.

If BPPV is identified with certainty, treatment can often be done right in your doctor's office or with a physical therapist. A series of repositioning maneuvers with the head is done (see illustration above). The goal is to progressively direct the loose otoconia particles back to the utricle where they can't interfere with your balance. It may be necessary to do it several times with breaks in between until there's no sign of nystagmus in the eyes.

After treatment, it's generally advised that you keep your head as upright as possible for the next 48 hours — doing so is thought to help the otoconia stay put in the utricle. It may help to wear a soft neck collar to remind you. In addition, sleep with pillows elevating your head. If you have had several recurrences of BPPV, to help avoid relapse over the long run, you may be advised to generally avoid bending your head way back, as you might do while having your hair washed at a salon or while having dental work. Ask for accommodations to be made in such situations so that you don't have to bend your head far back.

When properly performed, the repositioning procedure typically has a success rate of 80 percent to 90 percent. Sometimes, treating BPPV requires more than one session. For some, repeat treatments may be needed over time.

When is it an emergency?
If your vertigo dizziness is getting progressively worse or is associated with other symptoms, seek emergency medical care.

Health tips

Regaining a taste for food

If food just doesn't taste right, it may be due to an illness, medical treatment, medication or a dental problem. Here are some tips to help:

- Add pizazz — Enhance savory foods with fresh parsley or cilantro, chopped onion, green pepper or garlic. Use salt-free seasonings. Try meat marinades, sauces or condiments such as barbecue sauce or ketchup. Rather than white sugar, try brown sugar, maple syrup, honey or cinnamon.
- Beat the sweet — If food seems too sweet, add a little salt or citrus juice. Choose beverages such as milk, buttermilk, diluted fruit juice or iced teas. Snack on nuts, a fruit parfait made with plain yogurt, cottage cheese, or crackers with cheese.
- Go low sodium — If food seems too salty, add a little sugar. Avoid adding salt or seasoning salts as you cook. And read Nutrition Facts labels. Processed foods can be loaded with sodium. Cook with fresh ingredients or with reduced- or low-sodium products.

Ask your doctor if your change in taste sensation could be related to a medication you’re taking. Common culprits include some antibiotics, drugs to lower cholesterol, high blood pressure drugs, antidepressants and anti-anxiety drugs. Another consideration may be oral hygiene. Check with your dentist.
News and our views

Reclining while sitting may stress the back less
Sit up straight! That’s what you’ve always been told. It was supposed to make you look respectable — and also be better for your back.

However, a recent study involving a high-tech magnetic resonance imaging (MRI) machine has shown that reclining in an office chair may put less stress on the spine than does sitting at a 90-degree angle. The research, presented in November 2006 at the annual meeting of the Radiological Society of North America, looked at the spines of 22 people with no history of back pain or surgery. An “open” MRI device allowed them to move, stand or sit as images were obtained.

Participants were imaged while slouching forward, as if leaning over a keyboard, sitting upright at a 90-degree angle and reclining at a 135-degree angle with their feet on the floor. The images showed that the disk material separating and cushioning the spine bones of the study participants was least compressed or misaligned in the reclining position, indicating less stress was being placed on the spine.

Mayo Clinic experts say that, while interesting, the study is limited by its small size and the involvement only of participants who had problem-free backs. It’s unclear whether leaning back might help anyone with back pain. In general, sitting upright or reclining somewhat in an office chair that fully supports your back is probably fine, provided you also adjust your chair so that your feet are flat on the floor and your thighs are level, sit with your back firmly against the chair back, and stand or move about at regular intervals.

Study questions cardiovascular benefits of tea with milk
A recent study in Germany raises concerns that adding milk to black tea may thwart tea’s protective effects against cardiovascular disease.

The study, published in the January 2007 European Heart Journal, involved 16 healthy, postmenopausal women. Using an ultrasound probe, researchers judged artery health by measuring the ability of arteries in the women’s forearms to relax and expand before and then two hours after drinking tea. Previous studies demonstrating that tea has properties that may protect against cardiovascular disease have largely been done in Asia where tea is typically served without milk.

The recent study showed that the women’s arteries relaxed and expanded shortly after drinking plain tea. But there was no evidence of blood vessel relaxation after the women drank tea with milk.

Mayo Clinic experts say the small study is very preliminary and looked at only one aspect of tea’s potential impact on cardiovascular health. In addition, the study accounted for only the immediate impact the beverages had on blood vessel elasticity and not the long-term effects on cardiovascular health. In general, they don’t believe the study warrants changing your tea-drinking habits. However, if your primary reason for drinking tea is to possibly prevent cardiovascular problems, there’s no harm in drinking it plain. And, while the study didn’t look at the impact of adding other dairy products — such as cream — to tea, it’s expected the result might have been the same.

Staying mentally sharp

Maintaining your brain

You wouldn’t expect to stay physically fit without regular exercise, so why would you expect your mind to stay nimble if you’re not regularly putting it through a workout?

Research is increasingly showing that aging doesn’t automatically result in the steady attrition of brain cells. Rather, older adults who work their brains not only can develop new connections between brain cells, but may even be able to grow new ones. In addition, your overall health can have an enormous impact on the health of your brain.

Mind aerobics

It’s said that the left side of the brain is in charge of language skills and logical thinking, while the right side is in charge of spatial and artistic skills. Although this is an oversimplification of the brain’s highly coordinated activity, it’s true that various mental tasks spark more activity in certain regions of the brain.

Using your mind in a wide variety of new and challenging ways activates cells throughout your brain. It also allows you to practice skills of mental sharpness such as concentration, focus and memory recall. Try stimulating your mind by:

Working the “left brain” — Language, number and reasoning activities are often considered left-brain oriented. Reading, writing, learning a new language, completing number or word games, doing your taxes, balancing your checkbook without a calculator and fixing broken objects are left-brain activities.

Working the “right brain” — Music, art and using your imagination are activities often
Mind-body connection

Optimal brain health is about giving your mind an optimal environment. Do this by:

- **Staying physically active** — Numerous studies have linked physical activity with higher levels of mental functioning, improved ability to concentrate, and even promoting neuron growth and regeneration. In some studies, as little as an hour and a half of walking a week was enough to produce measurable improvement.

- **Sleeping well** — Even small, nightly sleep losses can build to affect daytime function and mental health. There are lots of small ways to improve your sleep, such as unwinding before bedtime, limiting nighttime caffeine intake, or limiting the frequency and duration of daytime naps. It may also be helpful to talk to your doctor about potential medical problems — such as chronic pain or sleep apnea — that may be hampering your sleep.

- **Eating healthy** — Some studies have linked benefits in brain health to foods rich in antioxidants, such as brightly colored fruits and vegetables, and foods containing omega-3 fatty acids and monounsaturated fats, such as fish and olive oil. In addition, getting enough folate and vitamin B-12 in your diet is known to be crucial to optimal brain function (see “Folic acid,” page 6 of this issue).

- **Managing stress** — Short-lived bouts of stress can be mentally stimulating. However, chronic stress — the persistent feeling of being overwhelmed by life’s challenges — can cause shrinkage in an area of the brain important to the creation and storage of memories, as well as other mental health problems such as depression or anxiety. Many tips for maintaining brain health are also effective for managing stress levels.

- **Managing medical problems** — A number of medical problems can affect your mental ability. Depression may cause difficulty with short-term memory, decreased ability to focus and impaired decision-making ability. Drug side effects or drug interactions may interfere with your cognition or ability to remember. In addition, there’s increasing evidence that the major risk factors for heart disease and stroke may also predispose people to dementia or Alzheimer’s disease. These include diabetes, high blood pressure, high cholesterol levels and obesity.

considered right-brain oriented. You may be able to ease into an artistic pursuit by taking a beginner’s art class, reviving a musical talent, joining a choir, making a wooden bookshelf, or knitting or quilting.

**Breaking a routine** — Long-familiar daily routines can become so ingrained that it doesn’t require a lot of thought to make it through the day. Challenge your brain with a new activity — whether it’s meeting someone new, learning a skill or simply taking an alternative route to the store.

**Remembering or memorizing something** — Think of a story from your youth that’s nearly forgotten and write it down. If you have trouble remembering all of the details, you may be able to prompt your memory by remembering associated details, such as recalling the house or neighborhood you lived in, or the names of friends.

Memorize phone numbers, a grocery list, the words to a poem or song, or people’s names. When you want to remember facts or ideas, talk about them and formulate your own opinions. For example, think of a way to summarize the main ideas of a book you’ve just finished and use that summary in a conversation.

**Trying meditation** — Studies have shown that meditation activates the parts of the brain associated with happiness and contentment, and reduces stress and anxiety. This activation can occur even in newcomers to meditation, and grows more robust with practice.

Meditation can be done in many ways. Buddhist monks commonly meditate on the thought of compassion and an unrestricted willingness to help all living beings. Other forms of meditation involve calming your body and focusing your attention on a sensation, such as breathing, or a word or phrase.

**Engaging in social activity** — Engaging in conversation or activity with a wide variety of people — family, friends or strangers — can be one of the most complex and varied tasks that your mind undertakes. Social engagement has been linked in many studies to the reduction of mental decline. You can find social engagement by joining a travel or exercise group or by volunteering.

The impact

Research has yet to determine whether an active mind puts you at lower risk of dementia or Alzheimer’s disease, though it does appear to have some impact. But the possibility of preventing disease is only one part of keeping your mind in top condition. The other is about living an active and fulfilling life.
Folic acid

Good for brain health

It’s not hard to find news reports about the benefits of getting enough folic acid — or its synthetic form, folic acid — for brain health.

And, you may also know, if you’re low or deficient in vitamin B-12, as about 15 percent of older adults may be, this can increase your risk of experiencing mental decline and other nerve problems.

Less well-known is whether getting higher amounts of folic acid can mask a vitamin B-12 deficiency, making it harder to detect and treat. Until this is better understood, there’s a simple step you can take to make sure you’re getting enough of each vitamin.

Deficiencies

Vitamin B-12 plays an essential role in red blood cell formation, cell metabolism and nerve function. The primary sources of natural vitamin B-12 are meats, fish, shellfish, eggs and milk. Vitamin supplements often contain B-12, as do certain fortified foods such as breakfast cereal.

Older adults are sometimes deficient in vitamin B-12 because age-related changes in the digestive tract can blunt the body’s ability to digest and absorb vitamin B-12 from food. Vegetarians who consume no animal products and people who have digestive diseases such as celiac disease or Crohn’s disease may also be at increased risk of vitamin B-12 deficiency over a period of years. Also, people who have had gastric bypass surgery for obesity are at high risk of vitamin B-12 deficiency.

If you do become deficient, early signs and symptoms may include persistent tingling in your hands and feet (peripheral neuropathy), confusion and forgetfulness. It’s also possible that you, your dentist or dental hygienist may notice that you have a smooth, shiny, sometimes sore tongue, another sign of B-12 deficiency. Later on, a severe shortage of red blood cells (anemia) may develop. Because vitamin B-12 is stored in large quantities in the liver, it may take a long time for these signs and symptoms to develop.

Fortunately, most people are still able to digest and absorb the synthetic form of vitamin B-12 found in supplements and fortified foods. If you become deficient in vitamin B-12 or can’t properly digest the synthetic form of the vitamin, periodic injections of vitamin B-12 may be needed to treat the problem.

Finding folate

Folate is naturally present in a wide variety of fresh foods, such as citrus fruits, beans, nuts and dark green leafy vegetables. Numerous studies have determined that high levels of folate intake — up to 800 micrograms (mcg) a day — may help ward off cognitive decline, possibly lower your risk of Alzheimer’s disease, and even improve mental sharpness in areas such as memory and mental-processing speed.

In addition to being generally good for brain health, folate is an important vitamin for red blood cell formation, protein metabolism, growth and cell division. Folate is also very important in pregnancy for the developing fetus, which is why the Food and Drug Administration in 1998 mandated folic acid fortification of grain products sold in the United States.

But this mandate raised the question of whether increased folic acid intake is really beneficial for the entire population.

Initial concerns about folate acid supplementation involved its intricate chemical relationship with vitamin B-12 within the body. Simply put, it’s suspected that high folate acid intake can correct the anemia — but not the nerve and cognitive deterioration — that would normally occur in those with a vitamin B-12 deficiency. Without the indications of anemia, vitamin B-12 deficiency may not be suspected, detected or treated, and the neurological deterioration may continue unabated.

What should you do?

First, it’s important to realize that a lot more study is needed to fully tease out the relationship between folate and vitamin B-12 — and how that may affect your brain health.

Until then, your safest bet is to make sure your vitamin B-12 levels are normal and that you’re getting an adequate amount of folate in your diet. Most older adults can do this by taking a multivitamin supplement that contains 100 percent of the recommended daily allowance of both folate and vitamin B-12. For folic acid, that’s 400 mcg a day and for vitamin B-12 that’s 2.4 mcg a day.

In addition, the brain benefit with higher amounts of folate or folic acid found in some studies should be attainable just by eating a healthy diet that includes daily servings of fortified breads, grains or cereals, and a wide variety of fresh and natural foods such as fruits, vegetables, beans and nuts.
Low platelet count

A bleeding risk

You feel fine, but your doctor says routine blood work from your annual exam indicates your platelet count is low. Should you be concerned?

Low platelet count — the medical term is thrombocytopenia (throm-bo-sigh-toe-PEE-nee-uh) — can affect your blood’s ability to clot. If platelet levels fall low enough, severe bleeding is possible. Often, the problem is related to an underlying disorder. Once that is treated, platelet counts usually improve.

Production line

Bone marrow produces most of the blood cells in your body, including your platelets and red and white blood cells. Platelets are colorless blood cell fragments responsible for repairing injured blood vessels. They create microscopic “plugs” in vessel holes and release messengers that trigger clotting.

Normally, between 150,000 and 450,000 platelets are found in one millionth of a liter (a microliter) of blood. Each platelet fragment lives for about 10 days, so your bone marrow is constantly replenishing your blood with new platelets.

If your blood platelet count falls below the normal range, complications may range from none at all to severe bleeding. See your doctor if you experience easy or excessive bruising, prolonged bleeding from cuts, spontaneous bleeding from your nose or gums, or blood in your urine or stools. Another flag is a non-itchy rash of pinpoint-sized, reddish-purple spots, called petechiae. These typically occur in the lower legs due to superficial bleeding into the skin.

The greater the decrease in platelet counts below normal, the higher the risk of bleeding. Depending on how low your platelet count is, it may not be safe to perform surgery and certain medical tests, such as colonoscopy. Severe bleeding can occur when platelet numbers fall below 30,000 per microliter of circulating blood. The greatest risk of severe bleeding is when the number falls below 10,000.

If you use blood-thinning drugs, such as aspirin or heparin, or traditional nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil, Motrin IB, others) or naproxen (Aleve, Naprosyn, others), your doctor may direct you to discontinue using them if your count is below 70,000 to 80,000.

Low platelet counts can usually be traced to one of the following:

- **Disorders that reduce platelet production** — Various medical problems can affect bone marrow function, such as certain cancers, leukemia and some types of anemia, and some viral infections — such as HIV. Heavy alcohol use may also be a factor. There’s also a long list of medications that can decrease platelet production.

- **Greater use or destruction of platelets** — Conditions might include immune system disorders such as lupus, rheumatoid arthritis and idiopathic thrombocytopenic purpura, which occur when antibodies mistakenly attack platelets.

- **Platelets being trapped in the spleen** — If your spleen enlarges due to a medical disorder, such as cirrhosis of the liver, it may trap too many platelets and cause a decrease in your circulating platelets.

Determining a cause

Once a low platelet count is discovered, your doctor may order more blood tests and possibly a bone marrow biopsy to help find a cause. If the low count is due to an identifiable condition, treatment starts there, and thrombocytopenia often improves. Should the problem be related to an adverse drug effect, low platelet counts usually improve once medication changes are made as directed by your doctor.

If the cause is idiopathic thrombocytopenic purpura (ITP), treatment may include the use of corticosteroids, immune globulin infusions or medications — such as cyclophosphamide (Cytoxan), azathioprine (Azasan, Imuran) or rituximab (Rituxan) — that suppress the immune system and reduce antibody formation. ITP in adults is usually a chronic disease that comes and goes. Many people with ITP do well without bleeding for many years despite a low platelet count.

For those who experience severe bleeding that causes anemia, transfusions of packed red blood cells may help. Transfusions may also be needed prior to some medical procedures. Platelet concentrates may be given to help raise platelet numbers, especially if cancer or chemotherapy is related to the low count, or to prevent bleeding if you need surgery. Routine use of platelet transfusions may be limited by the formation of antibodies that can destroy new platelets.
Second opinion

Questions and our answers

Q: My sister recently had a stroke, and she now struggles with tight, spastic muscles in her arm and shoulder. She’s too embarrassed to leave the house. Is there any way to give her relief from these uncontrolled movements?

A: Yes, dramatic and meaningful results often are possible with a combination of treatments.

Tightened muscles and involuntary muscle contractions — muscle spasticity — can be a frustrating result of stroke. It affects more than a third of those who survive stroke. Basically, the spasticity is due to an imbalance of nerve impulses going to and from the affected muscle and the nervous system.

Stretching of the muscles affected by spasticity is critical, and instructions on the proper technique can be provided by physical or occupational therapists. In addition, trained therapists can prescribe exercises that help restore and conserve range of motion in affected muscles.

Drugs such as the muscle relaxants baclofen (Lioresal), tizanidine (Zanaflex) and dantrolene (Dantrex); anti-seizure drugs such as clonazepam (Klonopin) and gabapentin (Neurontin); and the anti-anxiety drug diazepam (Valium) also may help. A more recent treatment option is injecting the affected muscles with botulinum toxin type A (Botox). Medication delivered directly to the nerves through surgical implantation of a medication pump has been used, but generally is not as helpful for shoulder spasms.

Your sister’s doctor or a specialist in physical medicine and rehabilitation can suggest the best treatments for her situation.

Q: I was recently diagnosed with laryngospasm. When it occurs, I suddenly can’t breathe or talk for about half a minute. It’s very scary. My doctor tells me I won’t die from it and that I should try to relax when it happens. Can anything be done to prevent it?

A: In most cases, there are ways to prevent laryngospasm.

Laryngospasm is a strong, involuntary closure of the vocal cords. It typically occurs as a protective reflex intended to keep material out of the lungs. In most cases, a laryngospasm is very frightening because it’s very difficult or impossible to breathe or talk when one is occurring.

However, your vocal cords usually relax within 30 to 60 seconds without causing any serious problems. You may be able to speed the relaxation of your vocal cords by staying calm, trying to swallow water or slowly breathing out.

One possible cause of laryngospasm is gastroesophageal reflux disease (GERD). It’s thought that if refluxed stomach acid reaches the voice box, it can cause irritation leading to potential spasms.

If you don’t have GERD, or if GERD treatment has been ineffective, a laryngologist may be able to identify the cause of your laryngospasm. Avoiding irritants that cause your laryngospasm also may help. Triggers include certain foods, beverages, strong smells or swallowing the wrong way, which can occur if you’re eating and talking at the same time. Allergens may trigger laryngospasm in a sensitized airway. Your doctor may recommend that you see a speech pathologist for strategies to reduce the disruption of benign laryngospasm.

Have a question or comment?

We appreciate every letter sent to Second Opinion but cannot publish an answer to each question or respond to requests for consultation on individual medical conditions. Editorial comments can be directed to: Managing Editor, Mayo Clinic Health Letter, 200 First St. S.W., Rochester, MN 55905, or send e-mail to HealthLetter@Mayo.edu

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