

Persistent Postural-Perceptual Dizziness (3PD)

What is 3PD?

Persistent Postural-Perceptual Dizziness, or 3PD, is a medical condition that causes a constant (persistent) feeling of dizziness or unsteadiness. It is usually caused by a specific triggering event — for example, a condition that disrupts your balance, such as fainting, near fainting, or vertigo (the feeling that you are spinning when you are not). Some examples of triggering events include:

- Inner ear problems
- Migraines
- Concussion
- Medical illness or infection

About 75 out of 100 people who have one of these events will heal completely over time. However, for 25 out of 100 people, these events can change how the brain processes balance and movement. This altered processing of the inner ear networks in the brain is what causes 3PD. 3PD is a common complication when healing from any of these events. It can be very disabling.

3PD is not a psychological problem. However, in 60 out of 100 cases, 3PD triggers anxiety, depression, or both.

What are the symptoms of 3PD?

3PD has almost constant symptoms, including:

- Non-spinning dizziness
- Heavy headedness
- Lightheadedness
- Cloudiness, fuzziness
- Rocking, swaying
- Fogginess, fullness
- Bobbing, veering
- A feeling that your balance is not as good as it used to be



3PD symptoms are made worse if you are moving or if things around you are moving. The severity of your symptoms will also vary depending on the situation, time of day, and triggers. Things that can cause symptoms to worsen include:

- Busy stores, crowds
- Watching action TV or movies
- Walking on patterned floors or grocery store aisles
- Scrolling on computers or phones
- Precision hand tasks like sewing

How is 3PD diagnosed?

3PD is diagnosed by your symptoms and triggers. For example, the dizziness needs to be present for at least 3 months and feel almost continuous. Also, the dizziness is usually made worse by your triggers. You may have to see many healthcare providers and have many tests before finding a clear reason for the symptoms. This is common, as the triggering event (what started the problem) may be fully healed.

Can 3PD be treated?

Yes. Research shows that 80 out of 100 patients have long-term improvement with reduced disability and reclaimed lifestyles. Treatments to “re-wire” or fix your balance include specific types of:

- **Physical therapy**, called vestibular rehabilitation. This helps retrain the balance center in your brain and gradually lessens motion sensitivities.
- **Counseling**, or Cognitive Behavioral Therapy (CBT), is a proven way to help you get back to your day-to-day activities. It can help you manage frustration and negative emotions, reduce fear and avoidance, and improve your sense of control.
- **Medications** like SSRIs (selective serotonin reuptake inhibitors) or SNRIs (serotonin and norepinephrine reuptake inhibitors) are typically used to treat depression and anxiety. However, they are also used to successfully treat chronic dizziness by opening new pathways in the brain, even if you do not have anxiety or depression. Generally, these medications are prescribed for 1 year.

What can I expect?

Treatment for 3PD is different for each person. Some patients make excellent progress in the first few treatment sessions. Other patients may need more time to get better. Most will have some response to treatment in around 6 to 12 weeks. Some treatment plans may last for a year or more.

Where can I find more information?

- Vestibular Disorders Association (VeDA): vestibular.org
- Vestibular Disorders Association (VeDA) fact sheet: [Persistent Postural-Perceptual Dizziness](#)

This education content was developed in partnership with the Department of Neurology at the University of Utah Health. Check out the [Dizzy School](#) for more information.



Notes
