A Typical Profile for Idiopathic Intracranial Hypertension

Predominantly female - at least 4 to 1, female/male ratio. The patient may be 20% or more overweight. Typical age range - 18 to 45 years

Likely to be suffering from a low frequency tinnitus which will be described as *'hum', 'roaring', 'whoosing'* or perhaps *''sea like'* with sometimes characteristics which are synchronous with the heart beat. About 60% of patients will report tinnitus and of these about 60-70% (36-42% of total) will be of a low frequency type. In cases of unilateral tinnitus, gentle compression of the internal jugular vein will often result in a reduction in the intensity of the tinnitus or even a complete cessation. Likewise turning the head to the ipsilateral side will often reduce the tinnitus.

Most patients will report a mild imbalance or 'unsteadiness on their feet'. About 40% of those with tinnitus will be suffering some form of objective vertigo. This will be described as episodes when the 'room appears to move' and this can last for several minutes and sometimes hours. This is often not fully developed rotary vertigo. The feeling is often associated with nausea, but only infrequently vomiting.

The patient will be suffering from a malaise which will often be associated with a 'deterioration in memory', 'mental slowing' or 'dulling of mind'. The patient will commonly report headaches, however, in most cases these headaches will be mild, sometimes described as a *'dull'* headache. The headache may be associated with a pressure or fullness sensations in the head, ears or behind the eyes. If a significant headache occurs, then there should be little or no associations with 'stress' and it is unlikely to respond to analgesics. It may occur daily and may be present on rising from bed in the morning and perhaps improves as the day progresses.

If investigated, papilloedema will only probably be found in less than 10% of cases. Interestingly, although visual deficits are often found, these or visual disturbances frequently go unreported by the patient. If these occur, they may include *'greying'* or *'tunneling'* which may occur - as with other symptoms - with change of posture and subsequently last for several minutes.

Low frequency and/or fluctuating hearing losses are also symptoms, but only rarely are significant enough to be noticed by patients.

The most distinguishing associations of intracranial hypertension are probably *'female'* and *'low frequency and/or pulsatile tinnitus'*. Nevertheless, if this latter symptom alone was taken for a *'clinical screen'* for this condition, then we would expect to miss over 50% of the patients.

Robert Marchbanks, Feb 2000
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