

32nd European Neurology Congress

&

12th International Conference on **Vascular Dementia**

July 22-24, 2019 London, UK

Physicians' seniority and the use of head computed tomography for patients with isolated vertigo/dizziness

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Objectives & Aim: Vertigo/dizziness is some of the commonest reasons where adults seek medical advice during emergency department (ED) visits. It is a challenge for emergency physicians (EPs) to identify few patients with dizziness/vertigo caused by life threatening central nervous system (CNS) disorders among the overwhelming majority of patients with benign dizziness/vertigo. This study aimed to evaluate the association between physician seniority and head computed tomography (CT) use and ED length of stay (LOS) in ED patients with isolated dizziness/vertigo.

Methods: This retrospective cohort study included adult patients with non-traumatic isolated dizziness/vertigo examined in the ED. The EPs were categorized into three groups based on seniority: junior (≤ 6 years of work experience), intermediate (7–12 years), and senior (≥ 12 years) groups.

Results: Of the 2291 patients with isolated dizziness/vertigo, 421(18.4%) received brain CTs; 44(1.9%) patients received a final diagnosis of CNS disorder. Compared with senior EPs, junior and intermediate EPs were more likely to order CT examinations [odds ratio (OR) =1.355, 95% confidence interval (CI): 1.007–1.829 and OR=1.577, 95% CI: 1.197–2.092]. Conversely, shorter ED LOS were noted for patients treated by junior and intermediate EPs (OR=-0.280, 95% CI: -0.771–0.211 and OR=-0.478, 95% CI: -0.936 to -0.019).

Conclusions: This study identified different decision-making strategies among senior, intermediate, and junior EPs. Senior EPs had the lowest rate of CT use for patients with isolated vertigo/dizziness and was accompanied by a slightly longer LOS.

Biography

Ming-Ta Tsai has completed his Graduation from China Medical University College of Medicine in 2010. He is an attending physician in Department of Emergency Medicine, Kaohsiung Chang Gung Memorial Hospital, since 2016.

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