

## References

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## Response

Editor – We thank the correspondent for their letter regarding our recent article.<sup>1</sup> We acknowledge the limitations to our study and its position as a pilot study, with wider plans for larger scale research in the area. In the first instance, the paper was submitted for publication in *Clinical Medicine* to highlight a possible gap and subsequently improve clinical practice.

It is well known that most falls are multifactorial and, furthermore, that benign paroxysmal positional vertigo (BPPV) significantly increases a patient's risk of falling.<sup>2</sup> As the correspondent's letter stated, we cannot assume causality simply by the presence of BPPV, nor can we discern whether the BPPV had been caused by a head injury as a result of the fall.

In our article, we drew no conclusions regarding the specific causality because we did not have data regarding preceding symptomology and, furthermore, are aware of the often complex presentation in older adults with absence of classical symptoms.<sup>3</sup>

Similarly, we did not have the resources to do post-treatment surveillance. The aim of this study was not to determine whether BPPV was the cause of falls in this group but simply to establish the prevalence of BPPV in older adults admitted to hospital with falls.

Regardless of whether the diagnosis of BPPV was simply an incidental finding irrelevant to the cause of the fall, or indeed caused by the trauma of the admitting fall, it has been well established that treating BPPV reduces a person's risk of falls.<sup>2</sup> As we have stated in our 'key points', a diagnosis of BPPV in a patient with known falls will hopefully reduce the risk of future falls following successful treatment.

We welcome the correspondent's opinion that more information is required within this field and we are currently drawing up plans to expand the scope of our team's research into BPPV. ■

## Conflicts of interest

The author has no conflicts of interest to declare.

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## References

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