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INVESTIGATION OF ANHEDONIA, ANXIETY SENSITIVITY, AND MAGNIFICATION OF BODILY SENSATIONS IN PATIENTS WITH BENIGN PAROXYSMAL POSITIONAL VERTIGO

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BACKGROUND AND AIM: Benign paroxysmal positional vertigo (BPPV) is the most common cause of peripheral vertigo and is characterized by brief episodes triggered by head movements. Vestibular dysfunction constitutes its primary pathophysiological mechanism. BPPV has been associated with reduced quality of life as well as anxiety and depressive symptoms.

However, studies investigating anhedonia, anxiety sensitivity, and bodily sensation amplification in individuals with BPPV remain limited. This study aimed to compare anhedonia, anxiety sensitivity, and bodily sensation amplification between patients diagnosed with BPPV and individuals in whom BPPV was excluded.

METHODS: This cross-sectional study included 30 patients diagnosed with BPPV based on clinical evaluation and positional maneuver tests in an otorhinolaryngology outpatient clinic and 30 individuals in whom BPPV was excluded. Psychological assessments were conducted using the Body Sensations Amplification Scale (BSAS), the Anxiety Sensitivity Index-3 (ASI-3), and the Turkish version of the Snaith–Hamilton Pleasure Scale (SHAPS).Stress-triggered exacerbation of vertigo was evaluated through a yes/no response to the question: "Do your dizziness symptoms increase during periods of stress?"Independent samples t-test and Mann–Whitney U test were used for continuous variables, and Pearson's chi-square test or Fisher's Exact test for categorical variables. Statistical significance was set at $p < 0.05$ (Ethics Approval No: 2023/280).

RESULTS: A history of previous psychiatric admission was more frequent in the BPPV group ($\chi^2(1)=9.77$, $p=0.002$). Total ASI-3 scores were significantly higher ($U=245.00$, $p=0.010$), and the physical concerns subscale was elevated ($U=170.00$, $p<0.001$). Stress-related symptom exacerbation was reported more frequently in the BPPV group ($\chi^2(1)=28.84$, $p<0.001$). Some patients referred to psychiatry reported subjective improvement.

CONCLUSION: Psychological characteristics were higher in individuals with BPPV. However, given the cross-sectional design, causality cannot be determined. The absence of structured psychiatric assessment in the comparison group, reliance on subjective improvement reports, and lack of control for concurrent vestibular treatment changes limit interpretability.

Keywords: Anxiety sensitivity, benign paroxysmal positional vertigo, bodily sensations