

## **Why Are We Still Confused About How to Use the HINTS Exam?**

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### Introduction/Background

Despite the fact that the Head Impulse, Nystagmus, Test of Skew (HINTS) exam was first described in 2009, there's still some misunderstanding as to who exactly physicians should perform the HINTS exam on. Used correctly, it may accurately diagnose vestibular neuritis (VN) in a patient with acute vestibular syndrome (AVS). When there's confusion on how to interpret the test or if it is applied to the wrong patient, consequences might be dire.

### Methods

Literature review and critical appraisal of current and previous guidelines and landmark papers, detailing how to approach the dizzy patient in the emergency department. More specifically, influential emergency medicine-guidelines and hallmark papers were cited and compared, detailing inconsistencies and discrepancies which might have led to confusion.

### Results

In this study, we reviewed the relevant literature and hypothesized why physicians might still be confused about when to use the HINTS exam. We found inconsistencies in how the current literature defines AVS, vague and misdirected advice on how to screen for central features (stroke) and when to look for VN. Finally, we highlight opportunities for improvement, review diagnostic accuracy of different tests and propose a straight-forward algorithm on how to approach and diagnose the dizzy patients in the emergency department using HINTS, when appropriate.

### Conclusions

When used correctly and in the right patient, the HINTS exam is a powerful diagnostic tool for oto-rhino-laryngologists, neurologists and emergency physicians alike. This will be neatly and comprehensively summarized in the talk.