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
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