Take or Leave the HINTS?

The Head-Impulse, Nystagmus, Test of Skew (HINTS) examination has gained interest as a bedside method to exclude central causes of dizziness in the emergency care setting. The problem with using the HINTS examination is the lack of validation data in emergency care. Prior to this month’s POTM (*Diagnostic accuracy of the HINTS exam in an emergency department: A retrospective chart review* by Dmitriew et al.), most or all studies of HINTS were performed by neurologists or otolaryngologists as the administrators of the test. Some believe this method can be learned and correctly used by emergency physicians. Others believe the test is incorrectly administered, both in terms of patient population and the technical execution. The single-center, retrospective work by Dmitriew and colleagues tends to support the naysayer viewpoint, inasmuch as the HINTS was applied correctly in fewer than 5% of cases. Moreover, in the six patients who had a central neurological cause of dizziness (e.g., stroke or multiple sclerosis), the HINTS was negative for a central cause in all of them. This topic has high importance as diagnostic controversy because some evidence has suggested that emergency physicians too often fail to recognize posterior circulation strokes. For this reason, dizziness will be the topic of the third of SAEM/AEM clinical practice guideline, known as the GRACE series (Guidelines for Reasonable and Appropriate Care in Emergency medicine). Clearly, the work by Dmitriew et al. will be a point of discussion in GRACE 3. It can be reasonably anticipated that for years to come, this work will be central to the debate over the diagnostic utility of the HINTS examination in emergency care of patients with dizziness.

Best wishes,
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