

Use of HINTS exam in emergency department is of limited value

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The diagnostic value of the Head-Impulse, Nystagmus, Test of Skew (HINTS) exam in the emergency department setting is limited. This is the result of a study titled Diagnostic Accuracy of the HINTS Exam in

an Emergency Department: A Retrospective Chart Review, which will be published in the April issue of the *Academic Emergency Medicine* (AEM) journal, a peer-reviewed journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Cait Dmitriew, Ph.D., from the department of undergraduate [medicine](#) at the Northern Ontario School of Medicine, Sudbury, Ontario, Canada.

The HINTS exam is a series of bedside ocular motor tests designed to distinguish between central and peripheral causes of dizziness in patients with continuous dizziness, nystagmus, and gait unsteadiness. The study found that HINTS exam use was high, but frequently used in patients who did not meet criteria to receive it. Most often this was because patients lacked documentation of nystagmus or described their symptoms as intermittent. In addition, many patients received both HINTS and Dix-Hallpike exams, which are intended for use in mutually exclusive patient populations. In no case was dizziness due to a central cause identified using the HINTS exam.

The results suggest that the [test](#) is of limited utility as currently used by [emergency department](#) physicians and that further training in how to identify appropriate candidates and interpret the results of the ocular motor [exam](#) may improve its diagnostic accuracy. The authors advise that additional training of emergency physicians may be required to improve test sensitivity and specificity.

More information: Cait Dmitriew et al, Diagnostic Accuracy of the HINTS Exam in an Emergency Department: A Retrospective Chart Review, *Academic Emergency Medicine* (2020). [DOI: 10.1111/acem.14171](#)

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