

Working to relieve the pressure!

Idiopathic Intracranial Hypertension (IIH) is a neurological condition defined by increased intracranial pressure around the brain without the presence of tumour or disease. IIH is also known by its earlier name: Benign Intracranial Hypertension (BIH) is little used because the condition can cause visual loss and therefore is not harmless or benign. You may also occasionally see it referred to as Pseudotumor Cerebri (PTC) because some sufferers present with signs and symptoms of a brain tumour despite no tumour being present, ('pseudo' meaning false).

The space around the brain is filled with a water-like fluid (Cerebrospinal Fluid). If due to a variety of factors the pressure around the brain rises then the space containing the fluid cannot expand. It is this excessively high pressure—called hypertension—that produces the symptoms of IIH.

The cause of IIH is unknown – idiopathic means "of unknown cause". IIH is a rare condition and studies suggest that it affects 1-2 people in every 100,000 people most of them women of childbearing age, but men and children are also affected. Numbers in children are much lower.

Diagnosis of IIH is made by identifying clinical symptoms of the condition and ruling out others which can cause similar symptoms. Neurological examination is usually reported as normal, with the exception of cases where papilledema is present. Imaging procedures such as CAT/CT scans and MRI scans are also reported as normal. Definitive diagnosis is made by performing a lumbar puncture which shows an above 'normal' CSF pressure of 25cm/H₂O or greater for both adults and children.

Possible causes

Blood clots in the veins draining CSF from the brain resulting in increased ICP (intracranial pressure). Withdrawal of steroids, large doses of vitamin A or intake of vitamin A rich foods, use of body building steroids, hormonal changes and certain medications can also cause raised ICP. Statistically, the majority of IIH sufferers are 'women of childbearing age' who are overweight. Research supports that a 6% decrease in bodyweight can help to resolve papilledema associated with IIH and can reduce ICP. Some sufferers find weight loss reduces their symptoms, whilst others do not.

The most common symptoms of IIH

Severe headaches; papilledema (swelling of the optic disc), transient visual obscurations (temporary loss of vision), diplopia (double vision), pulsatile tinnitus (whooshing noise in the ears in time with the pulse) and pain behind the eye and with eye movement.

Other symptoms reported by sufferers include nausea, vomiting, fatigue, photophobia (dislike of and pain caused by bright light), problems with balance and spatial awareness, aphasia (difficulty using or understanding words), memory loss, confusion, decreased depth perception and peripheral vision.

Some children are often too young to report their symptoms adequately and can present with many nonspecific symptoms such as mood swings and more. Although many sufferers have symptoms in common, each sufferer is an individual and should be treated accordingly.

For medical treatment please see our medications leaflet. In some instances surgical treatment is needed; again please see our surgical treatment leaflet.

Some patients' symptoms spontaneously disappear, for others a combination of medical and/or surgical treatments control their condition enabling them to lead relatively 'normal' lives. For others both medical and surgical treatments can be limited in their effectiveness and symptoms may remain.

For these patients, treatments with combinations of painkillers and other medications are required to control the symptoms although their effectiveness varies. IIH is not considered a life threatening condition, but for many it is a life changing condition.