



*Independent Hearing Care Services*

## **Hearability information sheet**

### **MENIERE'S DISEASE**

#### **What is Ménière's disease?**

Ménière's disease is a disorder of the inner ear, which causes episodes of vertigo, ringing in the ears (tinnitus), a feeling of fullness or pressure in the ear and fluctuating hearing loss. The area of the ear affected is the entire labyrinth, which includes both the semicircular canals (organ of balance) and the cochlea, (organ of hearing).

A typical attack of Ménière's disease is preceded by fullness in one ear. Hearing fluctuation or changes in tinnitus may also precede an attack. A Ménière's episode generally involves severe vertigo (spinning visual/spatial hallucinations of movement), imbalance, nausea and vomiting. The average attack lasts two to four hours. Following a severe attack, most people find that they are exhausted and must sleep for several hours. There is a large amount of variability in the duration of symptoms. Some people experience brief episodes and others have constant unsteadiness. An unusual sensitivity to visual stimuli, such as flashing lights, is also common.

#### **How common is Ménière's disease?**

Studies have shown that Ménière's disease affects about one person in 1000. This is roughly the same prevalence as multiple sclerosis (MS). The majority of people with Ménière's disease are over 40 years of age, with equal distribution between males and females.

#### **What causes Ménière's disease?**

An acute attack of Ménière's disease is generally believed to result from fluctuating pressure of the fluid within the inner ear. A system of membranes, called the membranous labyrinth, contains a fluid called endolymph. The membranes can become dilated like a balloon when pressure increases. This is called "hydrops". One way for this to happen is when the drainage system, called the endolymphatic duct or sac, is blocked. In some cases, the endolymphatic duct may be obstructed by scar tissue, or may be narrow from birth. In some cases there may be too much fluid secreted by the Stria Vascularis. Hydrops is not found in all persons with Ménière's disease, and is found in people without the disease, so other factors must contribute. These can include viral infections, hereditary predisposition, head injury, autoimmune disorders and food allergies.

#### **How might Ménière's disease affect my life?**

Since the acute symptoms of Ménière's disease are episodic, it is important to explain to your family and friends what might happen when you have an attack. Then, if the symptoms occur when they are present, they will understand and not be overly frightened.

You may be able to protect yourself from injury if you feel that an attack is about to begin. Some attacks may occur during the night, so be sure you have a night light on; you'll be relying more on vision to help maintain your balance. You will want to make sure that the path to the bathroom is free from obstructions.

#### **How do I manage an attack?**

During an acute attack, lay down on a firm surface. Stay as motionless as possible, with your eyes open and fixed on a stationary object. Do not try to drink or sip water, as you'd be very likely to vomit. Stay like this until the severe vertigo (spinning) passes, then get up SLOWLY. After the attack subsides, you'll probably feel very tired and need to sleep for several hours. If vomiting persists and you are unable to take fluids for longer than 24 hours (12 hours for children), contact your doctor. He can prescribe nausea medication, and/or vestibular suppressant medication. He may wish to see you.

Take any prescribed medication for Menieres disease

#### **How is diagnosis made?**

There is no specific test that, on its own, is reliable in diagnosing Ménière's disease. Your GP and ENT specialist will arrange appropriate investigations. The history and progression of the illness together with simple hearing (audiogram) and balance tests (caloric test) will be sufficient in many cases. However, the three main symptoms

– vertigo, hearing loss and tinnitus – occur in many other illnesses, and these may need to be excluded by blood tests and MRI scan before a final diagnosis can be made. (mography, speech audiogram).

### **What treatment is there?**

Between attacks, medication may be prescribed to help regulate the fluid pressure in the inner ear, thereby reducing the severity and frequency of the Ménière's episodes. Some physicians prescribe *Histamine* injections and some steroids are occasionally helpful in short bursts. Vestibular suppressants are often used on an as-needed basis. Some homeopathic remedies have also proved useful to some people and there is a hydrops diet. Control of the amount of salt and sugar that is added to food can help people with certain balance disorders. Limiting or eliminating the use of caffeine and alcohol will also help to reduce symptoms of dizziness and ringing in the ears. This diet is aimed at reducing, controlling and helping the symptoms. It is symptomatic treatment and will vary with the needs of each patient at that time.

Vestibular rehabilitation exercises can be helpful between the attacks of vertigo to help compensate for difficulties with balance. The exercises can be especially useful in later stages of the disease. These specific exercise programmes need to be done only under the supervision of a physiotherapist or hearing therapist.

***Before embarking on any treatment ALWAYS consult your GP first.***

In four out of five people these measures are sufficient to control the symptoms. However, in extremely severe cases, treatments that deaden the inner ear such as gentamicin injections or surgery may be considered. This is a last resort for persons who have frequent severe attacks that are disabling.

**Gentamicin treatment:** Controlled use of gentamicin given locally to the ear can reduce and control the vertigo.

**Sacculus decompression:** This is a surgical operation on the endolymphatic sac of the inner ear. There are several variations. They aim to reduce the pressure of the fluid in the sac.

**Vestibular nerve section:** This is a neurosurgical operation. The nerve from the balance organ in the inner ear is cut, stopping the abnormal messages reaching the brain and therefore stopping the vertigo.

**Labyrinthectomy:** This operation destroys the inner ear and stops any vertigo arising from that ear. However, it also destroys the hearing in that ear.

### **What you can do to help yourself**

Most people with Ménière's disease cope well with their symptoms and the problems it produces. Understanding the disease and discussing treatment options with your doctor is valuable. Counselling, relaxation and stress management play an important part in maintaining a good quality of life. Contact with other people with Ménière's disease via local groups and the Ménière's Society can improve confidence and provide valuable support and information. The society can also support the family and carers of people with Ménière's disease. The information contained in this information is intended to educate the reader about certain medical conditions and treatments. It is not a substitute for examination, diagnosis, and medical care provided by your GP.

### **Further information**

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