

## Patient information

### **Advice and information for patients with Menieres Disease**

Aintree Balance Clinic

#### **What is Menieres disease? (MD)**

Meniere's disease is a disorder of the inner ear which causes:

1. Episodes of vertigo
2. Tinnitus - ringing in the ears, and fullness or pressure in the ear
3. Fluctuating hearing loss during attacks, with a progressive hearing loss occurs in the affected ear over time.

It is a very over-diagnosed condition, but no-one can be diagnosed with Menière's Disease without all three of these symptoms. It can affect one or both ears.

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.

Meniere's episodes may occur in clusters - that is, several attacks may occur within a short period of time. However, years may pass between episodes.

About 1 per 2000 people develops MD. It can occur at all ages, and most frequently starts between ages of 20 and 50 years.

Initially the disease usually affects one ear, but 15% of people will have both ears affected.

Although an acute attack can be incapacitating, the disease itself is not fatal.

#### **What is the cause?**

The underlying cause is unknown, but it is thought that a build-up of fluid in the labyrinth from time to time causes the symptoms.

Many factors are probably involved in the development of the disease.

It has often been put down to viral infections of the inner ear, head injury, a hereditary predisposition (15% of patients have a family history of MD), and allergy.

Migraine may cause symptoms that overlap with Meniere's disease.

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

The diagnosis is usually based on the patient's history of typical symptoms. A hearing test repeated over time helps confirm the diagnosis.

The diagnosis may also only become clear over time as the typical pattern of recurring attacks develops.

Other conditions can cause similar symptoms to Meniere's, and these will be excluded by the ENT team. For example: injury, infection, or tumors in the inner ear.

Migraine is also commonly seen in MD patients and can mimic many of the same symptoms.

## **Tests**

A hearing test will be done, and may be repeated over time.

Simple clinic balance tests will be done Occasionally scans and other specific tests may be done, but these are not done in all patients.

## **Is there a cure?**

At the present time there is no cure for Meniere's disease, but there are ways to manage the condition and help control symptoms.

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

During an acute attack, lay down on a firm surface. Stay as still as possible, with your eyes open and fixed on a stationary object.

Stay like this until the severe vertigo (spinning) passes, and then get up SLOWLY.

After the attack subsides, you'll probably feel very tired and need to sleep for several hours.

If you have been given medication to reduce vomiting and nausea take it immediately you are aware of the attack.

## **Medical management:**

The ENT team will work together to:

- Make a specific diagnosis of MD
- Suggest any medication that may help
- Audiologists will assess and help with hearing loss and tinnitus, providing hearing aids as needed, white noise generators to help with tinnitus, and tinnitus counselling where necessary
- Specialised physiotherapy (vestibular rehabilitation) may be needed if there is a balance problem in-between attacks

- Diet and life style changes may be recommended.
- Some patients may need counselling to help with the anxiety associated with MD

### **Medication used**

used can be divided into two groups:

1. Drugs aimed at controlling acute vertigo and vomiting during the attacks.—  
prochlorperazine (Stemetil) and cinnarizine (Stugeron).
2. Drugs aimed at reducing the frequency and severity of attacks Betahistine (Serc) and diuretics.

### **Treatment to help hearing loss**

Hearing aids are important for all people with hearing loss, whether it is in one ear (unilateral) or both ears (bilateral) and the audiology team will look after this.

### **Treatment to help tinnitus**

Various white noise generators, which help mask the tinnitus, as well as retraining and counselling are available.

### **Diet and lifestyle**

Whilst there is scientific little research evidence to prove that diet and lifestyle can help, our patient experience over 20 years has led to us advising:

- A low-salt diet. Over time, salt restriction results in decreased fluid accumulation in the inner ear, reducing excess pressure on the nerve endings of balance and hearing
- Regular exercise and methods to combat stress.
- Stopping smoking if you are a smoker.
- Food triggers. For example, cutting out caffeine (found in tea, coffee, cola, and chocolate) and alcohol may be worth trying

### **Surgical treatment:**

This is only indicated when a patient is incapacitated with unilateral MD and quality of life is affected. The surgeon will aim to use the least invasive procedure, from:

- gentamicin perfusion of the inner ear - to deaden the affected ear with a vestibulotoxic medication.
- Vestibular neurectomy - cutting the balance nerve on the affected side
- Labyrinthectomy -the semicircular canals and balance nerve are surgically cut away

## **Adaptation of lifestyle**

Reducing stress and regular relaxation can help with the anxiety MD can produce.

## **How to help yourself**

Most people with MD cope well with their symptoms and the problems it produces once they have a clear diagnosis and advice on self-management.

You may like to consider the following:

- There is a Menieres support group which may be helpful.
- Aintree Hospital Tinnitus support group is open to all
- Menieres society

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## **Further information**

**Hospital Aintree Hospital**

**Tel: 0151 529 290**

**Text phone number:**

**Author: Elective Care Centre, Nova Mullin**

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