

Meniere's Disease

What is Meniere's Disease?

Meniere's disease is a disorder of the inner ear. It is associated with a condition called endolymphatic hydrops (excess fluid in the inner ear). However, hydrops alone does not fully explain the symptoms, and Meniere's disease is now understood as a clinical syndrome with multiple possible contributing mechanisms.

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. Vestibular migraine is now recognised as one of the most common conditions mistaken for Ménière's disease. Because symptoms can overlap, careful history and repeated hearing tests are essential for accurate diagnosis.

What are the symptoms of Meniere's?

- Episodes of vertigo/nausea/vomiting/unsteadiness
- Tinnitus - ringing in the ears, and fullness or pressure in the ear
- Fluctuating hearing loss during attacks, with a progressive hearing loss in the affected ear over time.

A Meniere's Attack:

- Can last between 2-4 hours
- Can leave people exhausted and they may need to 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.

How is a diagnosis made?

The diagnosis is based on internationally agreed criteria, combining vertigo attacks, fluctuating hearing loss confirmed with hearing tests and associated tinnitus or ear fullness.

Simple clinic balance tests will be carried out by either an ENT Consultant or Specialist Physiotherapist.

Occasionally scans and other specific vestibular function tests may be required, but these are not done in all patients.

Did you know?

- About 1 in 2000 people develop Meniere's Disease.
- It can occur at all ages, and most frequently starts between the ages of 20 and 50 years.
- To start with usually the disease 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.
- Meniere's Disease is an over-diagnosed condition, you must have symptoms of tinnitus, fullness in the ear, hearing loss/ fluctuating hearing and vertigo or dizziness to be correctly diagnosed.

What are the treatments for Meniere's Disease?

- You will receive advice on any medication that may help.
- Intratympanic steroid injections can reduce the frequency and severity of vertigo in some people with Ménière's disease. They are commonly used when symptoms are not controlled with medication and lifestyle measures. The benefits are mainly for vertigo control rather than hearing improvement, and response varies between individuals.

- 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.
- Specialist vestibular physiotherapy can help with balance problems between attacks and with persistent dizziness or visual dependence, and reduced confidence in movement. While physiotherapy doesn't prevent attacks, it can improve function, reduce falls risk and support recovery between episodes.
- Physiotherapists can also help you manage your acute attacks and any anxiety you may have.
- Dietary and lifestyle changes may be recommended. While low-salt diets have traditionally been advised, evidence for strict salt restriction is limited. Many people benefit from maintaining good hydration, regular meals, managing stress, improving sleep, and addressing migraine triggers where relevant.
- Some patients may need counselling to help with the anxiety, activity avoidance or persistent symptoms between attacks, associated with Meniere's Disease.
- Surgical treatment or gentamycin injection is only indicated in extreme circumstances.

Top Tips:

- Most people with MD cope well with their symptoms once they have a clear diagnosis and advice on self- management.
- During an acute attack, lay down on a firm surface. Most people prefer to lie down 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 at onset of the symptoms or warning signs.
- Regular exercise is beneficial.
- Methods to combat stress may help ease the anxiety associated with the episodes.
- Stopping smoking if you are a smoker.

Useful websites:

nhs.uk/conditions/menieres-disease/

menieres.org.uk/information-and-support/symptoms-and-conditions/menieres-disease

patient.info/health/tinnitus-leaflet/menieres-disease

Things to Consider:

As it may be difficult to predict when the next episode may occur, it may be worthwhile considering the risks of the following activities:

- Swimming
- Driving
- Climbing ladders
- Operating heavy machinery

Driving and Meniere's Disease:

If you are prone to sudden episodes of dizziness without warning signs you must inform the DVLA.

For more information about driving and dizziness please refer to the ACPIVR leaflet on 'Driving and Dizziness'.