How can I adapt my lifestyle to better manage the condition?

Reducing stress and regular relaxation helps with coping with the anxiety MD can produce are beneficial. Most people with MD cope well with their symptoms once they have a clear diagnosis and advice on self management. You may find further information useful from:

- The Meniere's Society.
- The Royal National Institute for Deaf and Hard of Hearing People (RNID) also has a fact sheet about Ménière's disease.
- https://www.nhs.uk/conditions/menieres-disease/

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

Please ask a member of staff if you would like a chaperone present during your procedure.

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NHS Trust

Meniere's Disease (MD)

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

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لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
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Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
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如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is Meniere's disease?

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

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

It is a very over-diagnosed condition, but no-one can be diagnosed with Meniere's Disease without all three of these symptoms. It more commonly affects one ear and rarely can both ears.

Drop attacks or sudden unexplained sudden falls may occur in a very small number of patients. The average attack lasts two to four hours.

Following a severe attack, most people find they are exhausted and must sleep for several hours although following an attack it may take 1-2 days for the symptoms to disappear completely.

During Meniere's episodes 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.

Diet and lifestyle

Whilst there is little scientific evidence to prove that diet and lifestyle can help, our patient experience has led us to advise:

There is limited evidence for a low salt diet but many people find it helpful.

- Stop smoking if you are a smoker.
- Regular exercise and methods to combat stress.
- Looking for food triggers. For example, cutting out caffeine, high salt and ultra processed foods.
- Trial of no alcohol for 3 months.
- Treatment for any stress, anxiety and/ or depression.

What surgical treatment helps?

This is only indicated when a patient is incapacitated with unilateral MD and quality of life is affected because these interventions are irreversible. The surgeon would aim to use the least invasive procedure from the following options:

- Intratympanic steroid injections - to settle inflammation.
- Gentamicin perfusion of the inner ear - to deaden the affected ear with vestibulotoxic medication.
- Vestibular neurectomy (rare), cutting the balance nerve on the affected side surgically cut away.

What is the medical management?

Medication used can be divided into two groups:

- Drugs aimed at controlling acute vertigo and vomiting during the attacks - prochlorperazine (Stemetil) and cinnarizine (Stugeron).

- Drugs aimed at reducing the frequency and severity of attacks (Serc) Betahistine.

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.

What treatment helps Tinnitus?

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

Although an acute attack can be incapacitating, the disease itself is not fatal. But In some cases can effect quality of life.

In 60-80% of people with Meniere's disease, the symptoms will improve and disappear after 2-8 years. However, some people will be left with permanent hearing loss, tinnitus, or both. In around 40% of people, the hearing loss affects both ears.

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 can cause 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 in 40% of cases.

How is the diagnosis made?

The diagnosis is usually based on the patient's history of typical symptoms. Several hearing tests done over time will 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 Disease, and these will be excluded by the ENT team.

For example: injury, infection, or a growth affecting the inner ear. Vestibular Migraine is also commonly seen in people with Meniere's Disease patients and can mimic many of the same symptoms. In some cases an MRI scan and Vestibular Function Tests will be arranged but not everyone may need them.

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, if you have been given medication to reduce vomiting and nausea take it as soon as you are aware of the attack coming on.

- 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 will probably feel very tired and need to sleep for several hours.

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) maybe needed if there is a balance problem in between attacks.
- Diet and life style changes may be recommended.
- Some people find talking therapies helpful if anxiety and depression are a concern.