

Meniere's Disease

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ENT North

Meniere's Disease is a disorder of the inner ear that results in sudden attacks of severe dizziness and change in hearing in those affected. In Meniere's Disease, too much fluid (called 'endolymph') builds up in the inner ear, affecting the sensory systems that maintain balance and hearing. Little is known about the cause of fluid build-up. It may be that too much fluid is produced, or that the fluid does not drain properly from the inner ear, or it may be a combination of the two. Once the body is able to get the fluid back in balance, the attack resolves and you feel back to normal.

Symptoms

- Vertigo attacks that occur suddenly and last from several minutes to several hours. Vertigo is a sense of the room spinning or whirling. This is often bad enough to cause severe nausea and vomiting.
- Tinnitus: a low pitched, roaring, ringing or hissing sound in the ear during the attack.
- Hearing loss (often to low pitched sounds) that returns to normal between attacks (at least initially).
- Aural fullness: a feeling of pressure or fullness in the ear during the attack.
- Drop attacks: a sudden fall while walking or standing. The attacks are described as being suddenly pushed to the ground. There is no loss of consciousness, and complete recovery usually occurs within seconds to minutes. Only a few people with Meniere's Disease experience these.

In most cases, these symptoms only occur during an attack, with perhaps some residual unsteadiness or nausea for some time after the attack subsides. However, as time goes on the inner ear can be permanently damaged and there may be some degree of hearing loss, tinnitus or background unsteadiness that is always present.

Meniere's Disease usually only affects one ear. In about one in five people the disease may eventually affect both ears.

Prodrome

Sometimes you may get the sense that an attack is about to occur. The signal may be:

- An increased feeling of pressure in the ear
- Sounds might seem louder than normal
- Nausea: a few people have nausea before an attack. Nausea can have many causes, so having it doesn't always mean an attack is about to happen.

Investigations and Tests

There is no one test that will confirm the diagnosis of Meniere's Disease, and in most cases your doctor will make this diagnosis based on the story you tell him/her and their findings when they examine you.

Because there are many other causes of vertigo and hearing loss other than Meniere's Disease, your doctor may arrange more tests to confirm that you do not have another cause for your symptoms, and to provide support for the diagnosis of Meniere's Disease.

Additional tests may include:

- Hearing tests (an 'audiogram') can detect any hearing loss and in some cases can demonstrate the hearing loss during an attack and its subsequent return to normal.
- Vestibular Function Tests ('Balance Tests'): these are done in a specially equipped laboratory to test the balance system of the inner ear.
- Imaging tests such as MRI or CT (a 'CAT scan'), which may be done if symptoms could be caused by a problem with the hearing nerve itself or the brain.

Treatment

Although Meniere's Disease cannot be cured, treatment is available to control symptoms and reduce the frequency of attacks, thereby reducing the disease's impact on your life.

Lifestyle Changes

- Avoid recognised triggers for attacks: some people note their attacks are more common when they are tired, under significant stress or pressure, or at certain times in the menstrual cycle in the case of some women. Avoiding situations which can cause your attacks can go a long way to reducing their frequency and severity.
- Diet: restricting caffeine is well recognised to reduce attacks in many people. Avoid coffee, tea, cola drinks and 'stimulant' drinks like Red Bull, 'V' etc. Many other people can identify specific foods and beverages that bring on attacks for them. Keep a food/beverage diary for a few weeks to see if you can identify your own triggers. Alcohol and tobacco are other common triggers for attacks: quit smoking and minimise/stop alcohol intake.
- Low salt diet: the recommended daily intake of salt ('sodium') in Australia is 2300mg/day. Evidence exists that restricting sodium to less than 1000mg/day can reduce the severity of Meniere's Disease. See the attached information sheet on 'Meniere's Diet' for more advice about reducing salt in your diet.
- Allergies: if you are susceptible to attacks with specific foods or other allergic triggers, desensitisation and avoidance of triggers may reduce frequency of attacks.

Medications

These do not cure Meniere's Disease, but they can reduce the severity of some symptoms and make you more comfortable during an attack:

- Taking medication such as diuretics can reduce the accumulation of fluid in the inner ear.
- A medication called betahistine ('Serc') affects the balance of fluid in the middle ear directly.
- Taking vertigo suppressing medication (such as steroids, antihistamines or sedatives) to calm the inner ear during an acute attack.
- Your ENT surgeon may recommend injecting a medication into the middle ear (usually after a grommet has been placed) to stop the acute vertigo attacks. This is usually only considered if more simple measures have failed, as there is a greater chance of significant side effects or complications.

Surgery

Surgery for Meniere's Disease can cause permanent damage to your hearing. It may be considered for people with Meniere's Disease who:

- Have persistent or frequent attacks of severe vertigo that do not improve with medication use.
- Have symptoms that are so debilitating that it becomes difficult to get through the events of daily life.
- Are affected in only one ear.

Surgical options include:

- Grommet placement, with or without an external device called a 'Meniett Device'.
- Endolymphatic sac decompression: that removes some of the bone surrounding the inner ear
- Endolymphatic shunt, which inserts a tube to remove excess fluid from the inner ear
- Labyrinthectomy: where your surgeon removes the inner ear completely. This stops the acute attacks of vertigo, but also results in permanent and total loss of hearing on that side.

Prognosis

In most patients, attacks (although distressing while they last) are relatively infrequent and life can go on essentially as normal between them. They are usually most frequent when the disease first starts, then decrease in frequency over time. In a small number of people, attacks remain frequent, severe, and are very debilitating.

In most cases, after a certain amount of time the inner ear becomes permanently damaged, and the frequency and severity of attacks diminish. At this point, it is common to experience:

- Poor balance (especially on uneven ground or in poor lighting)
- Permanent hearing loss
- Residual roaring or hissing in the ear

Meniere's Diet

Dietary Goals

The overall goal is to provide stable fluid/blood levels so that secondary fluctuations in the inner ear fluid can be avoided. To achieve this follow these guidelines:

- Distribute your food intake evenly throughout the day, and from day to day.
- Avoid foods high in sugar and/or salt. Aim for a diet high in fresh fruits, vegetables, and whole grains, and low in canned, frozen and processed foods.
- Drink adequate amounts of fluid daily (water, milk and low sugar fruit juices). Coffee, tea and soft drinks should not be counted as part of this intake.
- Avoid caffeine-containing foods such as coffee, tea and chocolate. Caffeine is a bladder irritant that can cause excessive urinary loss of fluid and dehydration. Caffeine itself is also a common trigger for attacks.
- Limit or eliminate alcohol intake. Alcohol can affect the inner ear directly, changing the volume and concentration of the inner ear fluid and increasing symptoms.
- Avoid foods containing MSG (monosodium glutamate). This is often present in prepackaged foods and in Chinese foods and can increase symptoms in some patients.
- Keeping a food/drink diary for a period of time may allow you to identify specific foods or fluids that worsen your disease.

Drug considerations

- Avoid aspirin and medications that contain aspirin
- Avoid caffeine-containing medications
- Pay attention to the content of all over-the-counter and herbal medications as well as drugs prescribed for other problems. Some may increase your symptoms.
- Avoid cigarettes. The nicotine present in cigarettes constricts blood vessels and will decrease the blood supply to the inner ear, making symptoms worse.

Low salt diet

The recommend daily intake for sodium chloride (the technical name for salt) is less than 2,300mg (1 teaspoon) a day. Evidence exists that restricting sodium chloride to 1,000mg a day may help those with Meniere's Disease.

Eating less salt does not have to be difficult. Following are five keys to decreasing salt in your diet:

- Read labels, especially on processed foods, to see how much sodium chloride (salt) foods contain.
- Ask for low-salt meals at restaurants.
- If you use canned vegetables, rinse them thoroughly.
- Call your local water company to find out the salt content of your water supply. If you drink bottled water, read the label and choose a salt-free brand.
- Don't add salt to your food or cooking water.