

Patient information from BMJ

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Ménière's disease

The main symptom of Ménière's disease is sudden attacks of dizziness. There is no cure for this condition but there are treatments that might help relieve some of the symptoms.

What is Ménière's disease?

Ménière's disease is a condition that affects the inner ear. The inner ear plays an important part in our sense of balance. Ménière's disease causes attacks of dizziness and hearing loss.

We don't know exactly why people get Ménière's disease. It might happen if you have too much of a fluid called lymph in your inner ear.

What are the symptoms?

During attacks of Ménière's disease you lose some hearing and feel as if the room is spinning. You might also have a roaring or buzzing sound in your ears (tinnitus) or feel pressure in your ears.

These attacks can last from 20 minutes to several hours. When they happen you might feel sick, vomit, or need to lie down. Afterwards you might feel tired or unsteady.

Some people get attacks every few weeks while others don't have them for months at a time.

Between attacks your hearing might be fine. Symptoms can start in just one ear, but after months or years you might get symptoms in both ears.

Make sure you see a doctor if you get hearing loss or dizziness. Several other things can cause these symptoms, such as anaemia, an ear infection, or, rarely, a tumour.

What treatments work?

There is no cure for Ménière's disease and research has so far not provided many clear answers about what treatments work best. But there are several things you can try.

Some treatments are aimed at helping with your symptoms during an attack. Others are aimed at preventing further attacks.

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Treatments to prevent attacks

The two main treatments recommended for preventing attacks of Ménière's disease are:

- eating a low-salt diet
- taking medicines called diuretics.

Reducing salt is thought to help because salt helps your body to retain water. Extra water in your body might cause swelling in the lymphatic system, which, in turn, could mean that extra lymph in your inner ear could cause an attack.

There isn't much evidence to support this approach. But some people with Ménière's disease say that they have an attack after eating a salty meal. Your doctor can advise you about safe ways to achieve a low-salt diet. He or she might refer you to a dietitian for more advice.

Some people also say that attacks can be triggered by smoking, drinking alcohol, and by food and drinks high in caffeine (such as coffee, tea, and chocolate).

So doctors advise that people with Ménière's disease should stop smoking and try to avoid alcohol and caffeine. Managing stress might also help prevent attacks.

Drugs called **diuretics** help your body to get rid of extra fluid in your urine. The hope is that these drugs will work in the same way as eating a low-salt diet.

Diuretics can have side effects in some people. These include stomach upsets, dizziness, or a rash.

Treatments for specific symptoms

Treatments for vertigo

Vertigo is the feeling of dizziness that happens during an attack of Ménière's disease. Various treatments have been tried to reduce vertigo during an attack. These include:

- antihistamines. These drugs are usually used to treat allergies, but they can help with vertigo and with the nausea that can go with it.
- benzodiazepines. These medicines are usually used to help people with anxiety or who have trouble sleeping, but they can be used to relieve vertigo.

These drugs are not likely to be the first treatment you are offered as they can cause side effects. You should only be prescribed them for a short time as they can be addictive.

- corticosteroids. These drugs are usually used to treat inflammation (swelling) and breathing problems such as asthma. It is thought that they might help with Ménière's disease by reducing swelling and pressure in the inner ear.
- anti-emetics. These drugs don't relieve vertigo, but they can reduce the nausea you might feel during an attack.

All of these drugs can cause side effects in some people, and they might not all be suitable for you. In particular, many of these medications can cause drowsiness. You can discuss with your doctor which treatment is best for you.

Treatments for tinnitus

Tinnitus doesn't damage your health but it can be extremely distressing. Tinnitus can be any persistent internal noise in the ear, such as whistling or buzzing. In people with Ménière's disease it's usually a deep roaring or buzzing.

Some people don't find it too troublesome. But if you have severe tinnitus there are several things you can try, including:

- tinnitus maskers. These are devices similar to hearing aids, which fit behind the ear. They work by making a low-level 'white noise' that distracts you from the internal tinnitus noise.
- tinnitus retraining therapy (TRT). This involves counselling to help you change the way you think about your tinnitus. The idea is that, in time, it will bother you less and you won't notice it as much. Many people find this treatment helpful, but it can be many months before you notice a benefit.
- hearing aids. Some people find that using hearing aids helps to mask the tinnitus noise.
- biofeedback. This therapy uses relaxation and other techniques, such as hypnotism and a 'talking treatment' called cognitive behaviour therapy (CBT) to help people cope with severe tinnitus.
- antidepressants. These drugs, which are usually used to treat depression, can help people cope with the distress caused by tinnitus. But your doctor will probably only suggest them if other treatments haven't worked, as they can cause side effects.

Treatments for hearing loss

The usual treatment for sudden hearing loss is corticosteroids, either as tablets or as ear drops.

You could also talk to your doctor about trying hearing aids. Doctors used to think that hearing aids wouldn't work for hearing loss caused by Ménière's disease. But modern digital hearing aids work much better than older types.

You could also try an assistive listening device. This is a machine about the size of a small phone, which you use with headphones to help you to hear in noisy environments. You use it when needed for occasional bouts of hearing loss.

Long-term treatments

There are several other treatments for several symptoms of Ménière's disease. You can talk with your doctor about whether they might be right for you.

Injections in the ear

With this treatment, medicines are injected into the middle ear. Its medical name is intratympanic therapy.

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One of the medicine types used is corticosteroids, which reduces swelling in the ear. Doctors sometimes also give antibiotic injections in the ear. This seems to reduce vertigo and hearing loss in some people.

The Meniett device

The Meniett device is a small handheld device with a tube attached that fits into the ear. It delivers pulses of pressure through the ear canal. You use it three times a day. For this device to work you need to have a minor procedure to insert a small tube called a grommet (or tympanostomy tube) into the ear. The grommet stays in the ear.

Doctors aren't sure exactly why the Meniett device seems to work. But it seems to reduce attacks of vertigo in some people. You can talk with your doctor about whether it might suit you.

Surgery

Surgery is usually a last resort with Ménière's disease, when nothing else has worked. There are several procedures that can be tried.

The one that's right for you will depend on how bad your attacks are, how good your hearing is, your age and general health, and which treatment you would prefer.

If you have fairly good hearing your doctor might suggest a procedure called decompression, which aims to reduce pressure in the ear without affecting your hearing.

If your hearing has already been badly affected, your doctor might suggest an operation to remove the part of the inner ear that is the source of your attacks. This will mean that you can't hear in that ear any more.

Balance therapy

The full name for this treatment is vestibular and balance rehabilitation therapy. It is recommended for people who have problems with balance. It uses head and body exercises to help you cope with vertigo.

What will happen to me?

The symptoms of Ménière's disease usually come and go. But it's likely that your symptoms will slowly get worse over time. Your hearing is likely to get worse in the long term.

But the course of Ménière's disease varies from person to person. Some people find that their symptoms don't get any worse. It's impossible to say what will happen to you as an individual.

Ménière's disease can mean you might have difficulty travelling or doing some kinds of work. Your doctor can give you advice about making your home or workplace safer, or when to avoid driving.

If you have a driving licence, you need to tell the relevant authorities (for example, in most of the UK it's the Driver and Vehicle Licensing Agency [DVLA]) that you have Ménière's disease.

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