

# Understanding Meniere's Disease

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# Introduction

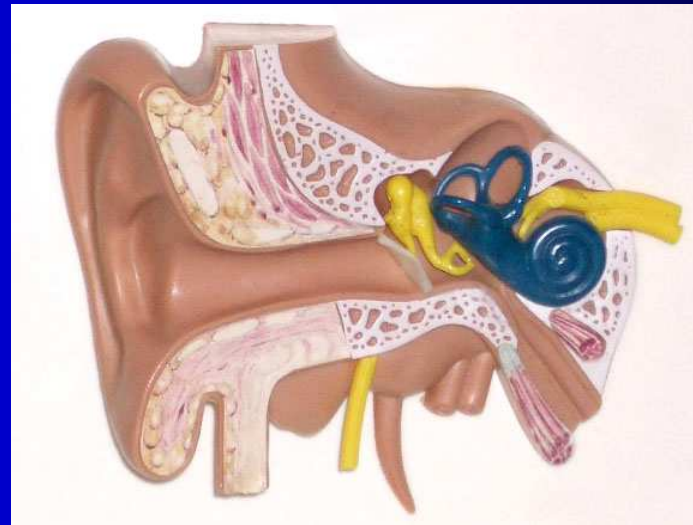
- Meniere's is an unseen debilitating condition of the inner ear, which causes vertigo, nausea, deafness and tinnitus
- It can radically change an individual's well-being and lifestyle

- Attacks may occur without warning, and their frequency, severity and duration cannot be anticipated
- There is no known medical cure

# Prosper Meniere

- Meniere's was first described accurately by a French doctor, Prosper Meniere, in 1861
- Previously, people experiencing sudden attacks of dizziness were thought to be suffering from a brain disturbance

- Prosper Meniere correctly suggested that a malfunction in the inner ear was the cause of the symptoms



# What is Meniere's?

- Meniere's disease, or syndrome, is a clinical diagnosis of an inner ear condition
- Symptoms, patient history and test results confirm the inner ear to be the site of the problem
- There is currently no cure but a number of strategies - medical and lifestyle – can help manage the symptoms

# Diagnosis checklist

- To assist in making an early diagnosis, Professor Gibson of the University of Sydney devised the following checklist
- This diagnostic check list was distributed to GP's in the Division last year

## Score 1 point for each

- Vertigo
  - Rotational vertigo
  - Lasts longer than 10 minutes
  - Associated with hearing loss
  - Associated with tinnitus

- Hearing Loss

- Hearing Loss measurable

- Low frequency loss

- Fluctuates

- Tinnitus
  - Lasts more than 10 minutes
  - Associated with dizziness
- Feeling of fullness
  - Associated with vertigo

# Symptoms of Meniere's

- Tinnitus
- Hearing Loss or muffled/distorted hearing
- Feeling of pressure or fullness in ear/s or head
- When these symptoms occur in combination, it suggests Meniere's

# Symptoms of Meniere's

Patient history is one of the most important aspects of making the diagnosis

The GP will need to listen to what the patient says as well as asking relevant questions to obtain the needed information

Often patients don't realise what's important to disclose

# Vertigo

- Sensation of spinning - may last for hours
- Feeling of nausea
- Vomiting/loss of bowel control may occur
- Often a warning of vertigo - change in tinnitus, hearing pressure or unsteadiness
- Dizziness may occur unexpectedly without warning

# Tinnitus

- May increase prior to vertigo attack
- Character may change during attack
- Often has roaring quality
- Can remain even when no vertigo present
- May be continuous, unremitting and distressing

# Hearing loss

- Usually occurs in low frequencies first but, as condition progresses, may affect other frequencies
- Hearing may appear muffled, and can fluctuate
- Recruitment (sensitivity to sound) may occur
- Diplacusis (pitch of sound changes) may occur

# Feeling of fullness in ear

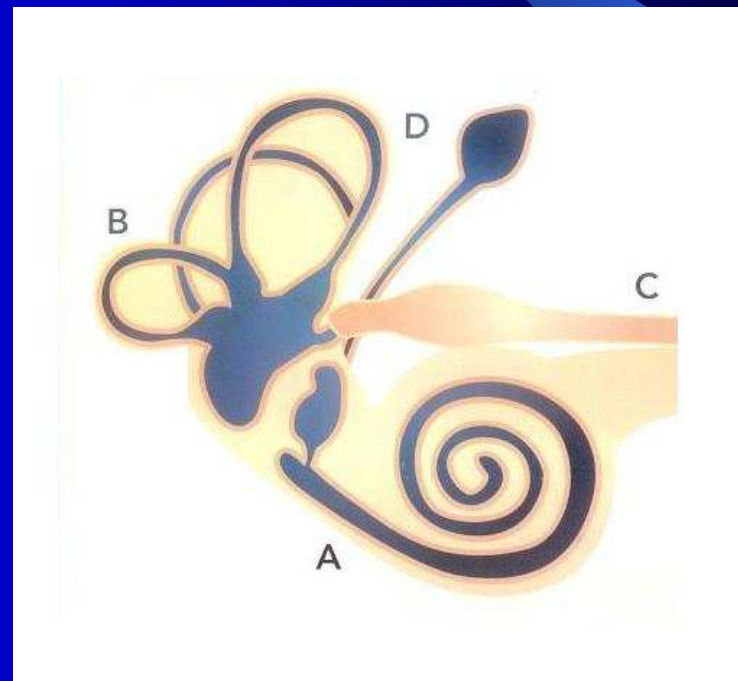
- 'Pressure' build-up in affected ear
- May be felt in ear/s or head
- Fullness/pressure may increase prior to, or during, an attack of vertigo
- Often there is a warning signal of pending vertigo attack

# Endolymphatic hydrops

- Endolymph and perilymph are the fluids found in the inner ear
- In Meniere's there is too much endolymph fluid (hydrops)
- The hearing and balance nerve endings are damaged by increased pressure

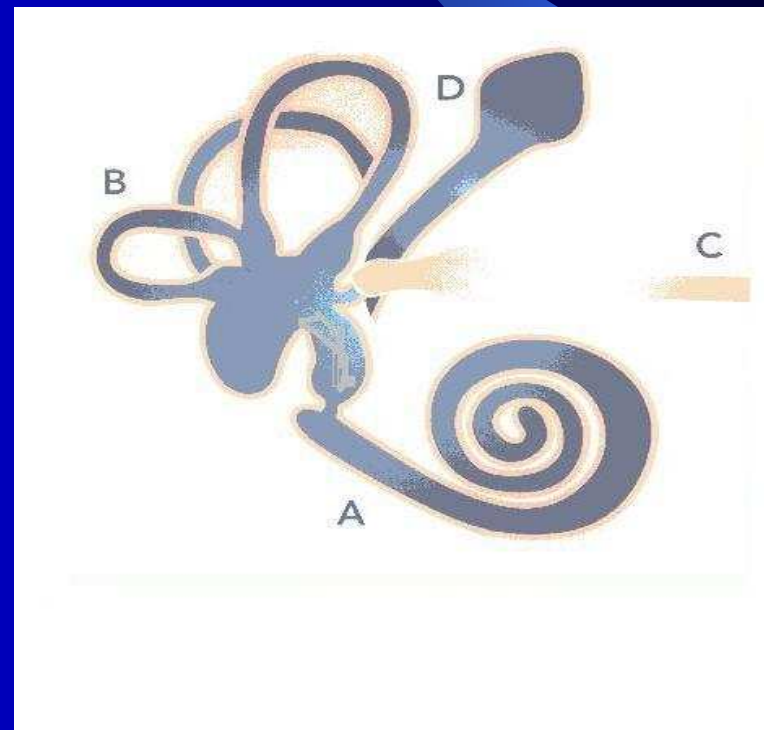
# Endolymphatic hydrops

Normal inner ear



# Endolymphatic hydrops

Inner ear with endolymphatic hydrops



# Possible causes of endolymphatic hydrops

- Auto-immune reactions
- Allergic responses
- Blockages and/or damage to endolymphatic structures
- Dietary deficiencies
- Viral infections
- Vascular (circulation) irregularities

# Progression of Meniere's

- Meniere's moves through three distinct stages
- There may be periods of remission between attacks
- Remission can be for weeks, months or even years
- Sometimes one symptom will be more predominant than others

# Stage 1

- Vertigo predominant symptom
- Complete recovery of hearing and balance after attack
- Patient history is important for early diagnosis
- Long term effects are lessened by appropriate management

## Stage 2

- 'Classical' symptoms with attacks occurring in clusters
- Hearing fluctuates but does not return to normal levels
- Tinnitus increases and may be continuous
- Feeling of pressure may be worse before or during attack
- There may be periods of remission - weeks, months or years

# Stage 3

- Often described as 'Burnt Out' Meniere's
- Attacks of vertigo cease
- Permanent damage caused to hearing and balance function of inner ear
- There may be hearing loss - although it is rare to become profoundly deaf
- Balance may be impaired - unsteadiness may continue

# What does this mean?

- “Vertigo must be one of the worst chronic afflictions to affect the body.
- With many other disabilities, some portion of normal life can be continued.

- Dr Alec Salt, PhD Cochlear Fluids Research Lab., Washington University, USA

# What does this mean?

- Vertigo disrupts virtually every aspect of life, since the patient loses the ability to do anything normally, especially when movement is involved.”

Dr Alec Salt, PhD Cochlear Fluids Research Lab., Washington University, USA

# However, life goes on...

- At first, it is a time of mixed emotions - anger, anxiety, denial, depression, fear, loss
- This leads to resolution and acceptance
- You begin to understand what living with Meniere's entails
- You implement coping strategies and make lifestyle changes

# What your patient can do!

- Evaluate lifestyle
- Reduce stress
- Avoid sodium (salt)
  - Low salt = 120 mg per 100 g
- Maintain good general health
- Review diet - remove aggravating foods such as caffeine, chocolate, alcohol and nicotine

# Low salt diet

- Research shows that sodium is implicated in Meniere's as well as a number of other health conditions!



Salt Matters – essential reading and reference book - \$25.00

# Low salt diet

- Reducing sodium helps to reduce the build up of fluid in the inner ear
- Reducing the vertigo can minimise damage to hearing and balance
- Additional information regarding low salt diet at <http://www.saltmatters.org/site/>

# Medical treatment

- Medication for Acute Attack
  - Anti-emetics - suppress vomiting and reduce nausea (Stemetil)
  - Vestibular sedatives - suppress neural output (Valium)
  - Dehydrating agents - quickly reduce fluid (Urea)

# Ongoing treatment

- Medications include
  - Vasodilators (Serc)
    - Increased circulation and may help ear recover from acute attack
  - Diuretics - reduce water and salt content
  - ❖ **Diuretics & true low salt diet counter indicated**

## ● Pressure Pulse Therapy

- Meniett device
- Research shows this benefits some people
- Aim to stop/reduce vertigo and feeling of pressure
- Needs a grommet inserted into ear and pressure pulses ‘milk excess’ fluid build-up

# Complementary Management

- Dieticians
- Vestibular physiotherapists
- Occupational therapy
- Counselling services

# Alternative therapies

- Acupuncture
- Chiropractics
- Homeopathy
- Chinese medicine
- Yoga
- Stress management
- Massage

# Surgical intervention

- Last resort when all other medical and lifestyle options have been explored
- Only needed in about 5% of cases
- Chemical ablation
- Endolymphatic sac surgery
- Vestibular nerve section or vestibular neurectomy

# Physical therapy

- Balance rehabilitation
  - Training the brain to ignore incorrect messages
- Graded set of exercises
- Individual program
- Move it or lose it

# Managing hearing loss

- Hearing aids can help
- Investigate the range of devices that can assist
- Attend hearing loss management courses

# Tinnitus management

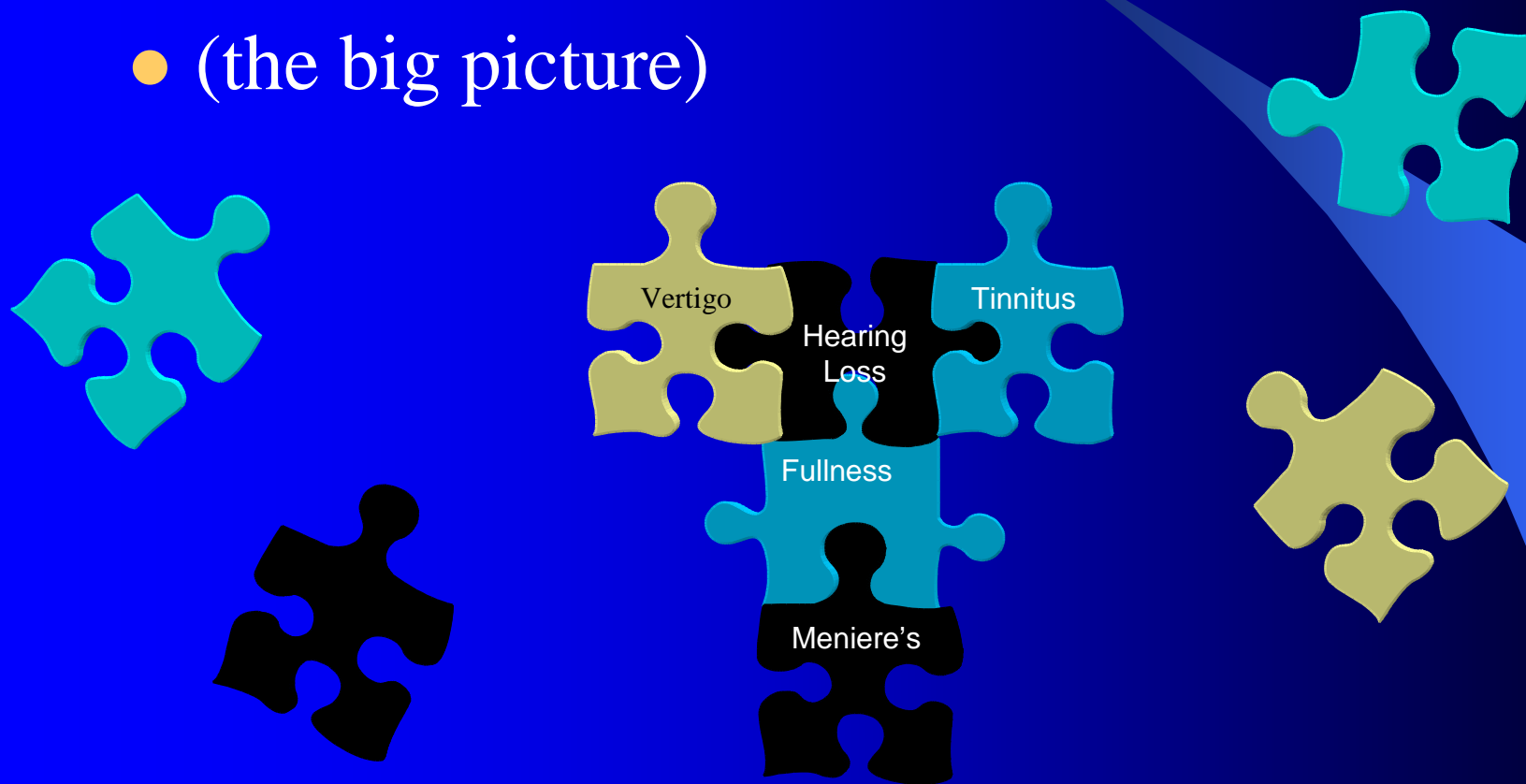
- Contact the Tinnitus Association Victoria for more information
- Tinnitus programs are available
- Talk to the experts at:
  - Australian Hearing
  - Better Hearing Australia
  - Deaf Access
  - Word of Mouth

# There is life after Meniere's!

- There are a range of resources available to help patients regain control of their life
- 'Knowledge is power' - if you know what you are dealing with, then the 'what if' fears and anxiety leave
- You **can** get on with living with Meniere's

# Overview

- (the big picture)



# Where to get more information

- Meniere's Information and Resource Centre has a range of resources and services available for health professionals and patients
  - Free information packs
  - Book
    - 'Understanding Meniere's Disease'
  - Video
    - 'Dizzy Terror'

Low Salt Recipe book

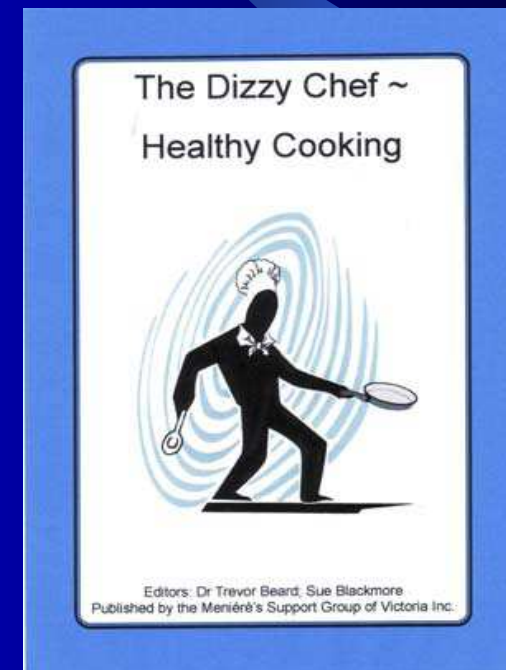
Low salt products

Baking powder

– Stock powder

- Vegetable,  
beef & chicken

– Pot Bi-carb



# MSGV contacts

- Meniere's Information & Resource Centre

Suite 4 18-28 Skye Rd Frankston 3199

Tel: (03) 9783 9233

TTY: (03) 9781 4190

Fax: (03) 9781 9208

Email: [info@menieres.org.au](mailto:info@menieres.org.au)

Web site: [www.menieres.org.au](http://www.menieres.org.au)

Open 9am to 5pm Mon - Friday



# Summary

- *What has been learned?*
- *How relevant to your practice has this presentation been?*
- *Would you use the Meniere's website as a tool to help your patients?*

A  
positive  
attitude  
and  
humour  
are  
essential  
qualities  
for the  
patient  
and the  
GP!

