



Patient Information on Meniere's Disease

Ménière's disease is a balance disorder characterised by episodes of vertigo (spinning sensation), typically low frequency hearing loss, tinnitus (ringing or other sound in the ears) and feeling of pressure in the ear.

A rare disease, it is named after a French physician who first linked vertigo to inner ear disorders in 1861. Ménière's disease is believed to be caused by the abnormal build-up of fluid in the inner ear, which interferes with functioning of the sensory cells responsible for balance and hearing.

Other more common inner ear disorders can mistakenly be diagnosed as Ménière's disease, so it is important to carry out the necessary tests to ensure a correct diagnosis is made. The most common misdiagnosis is "Vestibular Migraine", which also classically can have vertigo, hearing changes, pressure sensations with or without headaches.

What do the symptoms of Ménière's disease feel like?

Vertigo caused by Ménière's disease can last from 20 minutes to 24 hours and is associated with dizziness, nausea, vomiting and unsteadiness. A second symptom is low frequency hearing loss. Other symptoms include sporadic tinnitus, a subjective noise (such as ringing, buzzing, hissing or rumbling) in the ear or head and the feeling of fullness in the ear.

What causes Ménière's disease?

The cause of Ménière's disease is unknown but the mechanism causing the symptoms probably involves the fluid in the inner ear, which moves over the sensory cells that send information to the brain about the position of the head, and sound. Fluid in the inner ear is usually separate from the body's overall fluid system and contains specific concentrations of 'salts' such as sodium, potassium and chloride. But in Ménière's disease the volume and concentration of inner ear fluid fluctuates with the body's fluid levels. Over time, the abnormal fluid concentration may cause irreparable damage to the sensory cells responsible for hearing and balance.

How is a diagnosis made?

If referred to a specialist by your GP, diagnosis of your condition will be made based on your medical history, answers to questions about when and where the symptoms occur, a physical examination and the results of tests carried out by an audiologist, including a hearing test. Other tests may be requested depending on the type and severity of your symptoms.



How is Ménière's disease treated?

One of the main treatments for Ménière's disease is diet modification to reduce the intake of sodium (salt). The aim of the low sodium diet is to maintain body fluid levels and mineral concentrations so that secondary fluctuations in the inner ear fluid levels can be avoided.

It is also recommended that people with Ménière's disease avoid alcohol, caffeine and nicotine, which can also change the volume and concentration of fluid in the inner ear. Medication can also be prescribed to control body fluid levels and the symptoms of nausea, while debilitating cases of Ménière's disease may require vestibular rehabilitation physiotherapy, injections into the ear, or surgery.

Living with Ménière's disease

Maintaining the correct level and concentration of fluid in the inner ear is important to slow the progression of Ménière's disease, try to prevent hearing loss, and reduce the symptoms of vertigo, tinnitus and dizziness. Cutting back on food and drinks with a high salt content, and distributing food and fluid intake evenly throughout the day is important in managing Ménière's disease.

Patient support

Ménières Australia is a national patient support group. Their website contains useful information about how to understand, live with, and find support for the disease. Visit www.menieres.org.au.

Concerns or questions?

You can contact Dr Fiona Hill through the links on her website:

- Website: drfionahill.com.au

Your GP is also the best contact for ongoing care and concerns.