

What is Meniere's Disease?

Meniere's Disease (MD) is a fairly rare disorder of the inner ear presenting as spontaneous episodes of vertigo, fluctuating sensori-neural hearing loss (starting at low frequency tones), tinnitus (roaring or ringing in the ears) and aural fullness or pressure. Not a lot is known about the exact mechanisms or contributing factors, though specific causes can include viruses, genetic, allergy, autoimmune, trauma, low CSF pressure. One characteristic sign of MD is the presence of endolymphatic hydrops (EH), which is a build-up or abnormal movement of endolymphatic fluid inside the inner ear. This fluid build-up is thought to cause the symptoms associated with MD.

BEFORE AN ATTACK

THE FEELING OF FULLNESS IN ONE EAR, POSSIBLE CHANGES TO HEARING OR TINNITUS

HOW LONG DOES IT LAST FOR?

2-4 HOURS. MD ATTACKS CAN OCCUR IN CLUSTERS AND SOMETIMES YEARS CAN PASS IN BETWEEN EPISODES

DURING AN ATTACK

ONSET OF SEVERE VERTIGO AND IMBALANCE, NAUSEA OR VOMITING, REDUCED HEARING AND TINNITUS

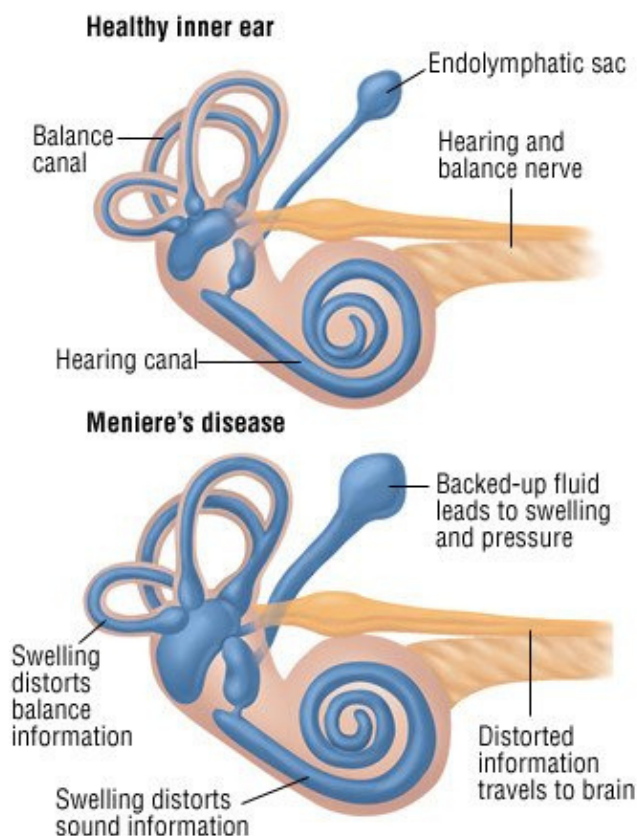
ALL ABOUT MD ATTACKS: SYMPTOMS

BETWEEN AN ATTACK

OFTEN FREE FROM SYMPTOMS OR MILDLY IMBALANCED WITH ONGOING TINNITUS

FOLLOWING AN ATTACK

THE FEELING OF EXHAUSTION - IT MAY TAKE A COUPLE OF DAYS TO FEEL BALANCED AGAIN



Diagnosis

Diagnosis of MD is based on medical history and complimented by inner ear tests such as audiometry and vestibular function tests. These include vestibular evoked myogenic potentials, calorics and video head Impulse testing.

Who gets MD?

Meniere's affects about 0.2% of the population. Age of onset peaks around 40 - 50 years, with the highest prevalence in age 60 - 70 years old. Certain genetic factors have been identified and familial MD is observed in just under 10% of cases. MD often coexists with other vestibular disorders such as vestibular migraine and BPPV; as well as other immune (or autoimmune) and allergy conditions.

How to manage Meniere's Disease

Currently, there is no known medical cure for MD but symptoms can be managed with a combination of lifestyle measures, medication, medical devices or sometimes surgical intervention.

Medications can be prescribed by your treating ENT, Neuro-otologist or GP to ease the severity of vertigo attacks and reduce nausea and vomiting during the attacks. Other medications may be prescribed such as diuretics, corticosteroid injections or betahistine.

SPECIFIC LIFESTYLE CHANGES THAT REDUCE MD EPISODES



REDUCE
CAFFEINE



STOP
SMOKING



REDUCE
STRESS



REDUCE
ALCOHOL



REDUCE EXCESSIVE
SALT INTAKE

How can we help you at Physiocare?

If there is ongoing imbalance or unsteadiness between MD episodes, your physiotherapist can provide you with specific vestibular rehabilitation exercises. These can help your brain compensate for the changes in inner ear function and help you feel steadier when you're moving around. We can also prevent secondary effects like muscle stiffness or weakness.

Our Vestibular Function Tests may assist with diagnosis, or in tracking progress of the disease. We are a resource for advice and education about Meniere's and can direct you further information about the condition. Additional support includes:

Psychologists

CAN HELP WITH STRESS MANAGEMENT
TECHNIQUES AND THINKING STRATEGIES TO
HELP YOU COPE WITH A MD EPISODE

Audiologists

CAN MONITOR YOUR HEARING FLUCTUATIONS
AND GIVE ADVICE ON WHETHER A HEARING
AID OR PROSTHESIS MIGHT BE HELPFUL