

Ménière's disease

Ménière's disease (named after a French physician in 1861) is an inner ear disorder characterised by episodes of vertigo (spinning sensation), tinnitus (ringing or other sound in the ears), feeling of pressure in the ear, and hearing loss. It can affect one or both ears.

Ménière's is a progressive disease and 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 and vice versa, so it is important to carry out the necessary tests to ensure a correct diagnosis is made. The tests do not necessarily confirm with absolute certainty that a person has Meniere's disease but can exclude other potential causes of the symptoms.

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

An 'attack' caused by Ménière's disease involves vertigo that can last from several minutes to hours and is associated with nausea, vomiting and unsteadiness. Other symptoms include tinnitus, which is a subjective noise (such as ringing, buzzing, hissing or rumbling) in the ear that is not associated with any external sound. Progression of Ménière's disease may also lead to aural fullness and a sensorineural 'nerve' hearing loss that fluctuates with attacks, and commonly affects the low frequency hearing.

What causes Ménière's disease?

The exact cause of Ménière's disease is unknown but the mechanism causing the symptoms is thought to likely involve 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 and vomiting, while debilitating cases of Ménière's disease may require vestibular rehabilitation physiotherapy, injections into the ear, or surgery. It is also thought that stress can influence the frequency and / or severity of attacks so it is recommended that stress levels be managed as much as possible.

As Ménière's disease progresses the hearing loss may become permanent. Depending on the severity and stability of the hearing loss and the nerve's ability to continue processing speech sounds you may find some benefit with a hearing aid. This can be discussed with the audiologist when you are tested.

Patient support

Ménières Australia is a national support group for people diagnosed with Ménière's disease. Their website contains useful information about how to understand, live with, and find support for the disease.

Visit <http://www.menieres.org.au> for more information.

More information

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