



# Patient Information

## Tuning in to Ménière Disease

**T**he inner ear disorder known as *Ménière* (men-**year**) disease can cause balance problems, dizziness, internal ear pressure, and a ringing in the ear. The condition usually affects only one ear—though, in some rare cases, people with *Ménière* disease have symptoms in both ears. It also tends to get worse over time, eventually causing hearing loss. It's estimated that more than half a million Americans have the disease, and 45,000 new cases are diagnosed every year.

In *Ménière* disease, the watery fluid within the inner ear, known as *endolymph* (en-duh-limf) increases in volume, raising the pressure on the ear's inner structures. The reasons for this volume increase aren't understood. In fact, if a person's symptoms have a specific, known cause (such as a thyroid disease or inflammation), then that person does not have *Ménière* disease—though their symptoms might be described as “*Ménière* syndrome.” Scientists trying to find the cause of *Ménière* disease are looking into the possible roles that infection, head injury, allergy, and heredity might play in its development.

### How do I know if I'm at risk?

*Ménière* disease typically begins in early to middle adulthood, though a person can be affected at any age. Both men and women can develop the disease, but slightly more women than men are affected. Your risk of developing *Ménière* disease is greater if you have a relative who's had it—as do about half of those diagnosed with the disease.

### What are the warning signs?

There are four main symptoms of *Ménière* disease: (1) *vertigo* (**vuhr**-ih-go), a form of dizziness in which you have a sensation of falling or feel that your surroundings are whirling or shifting around you; (2) *tinnitus* (**tin**-uht-uhs), a ringing or roaring sound in the ear; (3) a sensation of fullness, pressure, or even pain deep inside the ear (similar to the sensations felt when taking off or landing in an airplane), and (4) hearing loss. Often, one or a combination of these symptoms occurs suddenly in episodes or “attacks” that vary in frequency, duration, and severity. The extent of hearing loss and the length of time over which it occurs also varies from person to person.

Other symptoms of *Ménière* disease may include a frequent feeling of unsteadiness, headache, abdominal discomfort, diarrhea, forgetfulness, memory loss, confusion, and disorientation.

### What tests do I need?

A diagnosis of *Ménière* disease is made only when your doctor dismisses all other possible causes of your symptoms. To do this, your doctor will ask you about your medical history, perform a physical examination, evaluate your balance, and order a series of laboratory tests for which samples of your blood and urine will be required. Your doctor also may perform tests to determine the type of hearing loss you have and whether your hearing gets better or worse during or after an attack of symptoms. It may be necessary for you to undergo magnetic resonance imaging

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(more commonly known as MRI), which is a procedure that takes pictures of your brain, or *electrocochleography* (ih-lek-tro-ko-klee-ahg-ruh-fee), in which a wire, spring, or spongelike recording electrode is placed in your ear canal to help determine the cause of your symptoms.

### How can I avoid the problem?

Since the cause of Ménière disease is unknown, it's hard to prevent the condition from developing. If you already have been diagnosed with Ménière disease, however, there are certain lifestyle and dietary changes that experts say may reduce the frequency with which you experience attacks. For example, try to eat approximately the same amount of food at each meal and avoid skipping meals. If you snack, do so at regular times. If you smoke, quit—because nicotine can constrict blood vessels, reducing the blood supply to the inner ear and making symptoms worse.

Avoid alcohol (which can trigger vertigo), coffee and chocolate (because they contain caffeine, which can increase tinnitus), and foods and drinks that are high in salt (because salt can affect your inner ear fluid levels). Your doctor or a nutritionist can tell you how to avoid salt and what amounts are appropriate for you to have. Drink plenty of water and low sugar fruit juices to avoid excessive fluid loss. Get plenty of rest, avoid stress (a possible trigger), and exercise on a regular basis. Although exercising can be difficult during and in the days immediately following an attack, moderate exercise is recommended when you're feeling well. Since attacks can occur suddenly, many people with Ménière disease avoid such activities as climbing ladders and driving.

### How is it treated?

You may be given medicine to control your vertigo and any related nausea. To reduce the number of attacks you have and the severity of your symptoms, your doctor also may prescribe a *diuretic* (die-yuh-ret-ik), or water pill, which can help rid your body (including your inner ear) of excess fluid. Although diuretics can help prevent attacks, they can't reduce symptoms once an attack has begun.

If attacks of vertigo are extreme and uncontrollable, surgery may be an option. In one procedure, an antibiotic is injected into the middle ear. This treatment, which can be performed in the doctor's office, diminishes vertigo by reducing the ear's balance function. In another procedure, which usually cures the vertigo, the balance nerve is cut at the point at which it leaves the inner ear to go to the brain. In both of these procedures, hearing is generally preserved.

If you have already lost the hearing in your affected ear, you might consider a surgery that disconnects the balance and hearing mechanisms of the inner ear. Such procedures stop vertigo attacks in the majority of people.

For more information on Ménière disease, call the Ear Foundation at (800) 545-4327 (teletypewriter, better known as TTY, is available) or visit the web site of the American Hearing Research Foundation ([www.american-hearing.org](http://www.american-hearing.org)). ●

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