FROM THE PARISH NURSE….

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MENIERE'S DISEASE

Signs and Symptoms

- Severe attacks of vertigo accompanied by nausea and vomiting
- Tinnitus (ear noise)
- Muffled or distorted hearing
- Hearing loss

The symptoms of Meniere's disease were described more than a century ago by a Frenchman, Prosper Meniere. The typical symptoms he described included episodic vertigo with fluctuation hearing loss, a ringing in the ears (tinnitus), and a sensation of pressure in the affect ear.

Meniere's disease usually affects one ear first, and in about 25 to 50 percent of the cases, it eventually affects the other ear. Its cause is unknown. There seems to be an increase of fluid in the part of your inner ear called the labyrinth. This excess fluid causes pressure within the membranes of your labyrinth, distorting and occasionally rupturing them. This produces severe disruption in the sense of balance and often in the sense of hearing.

Diagnosis

Periodic attack mark Meniere's disease. Between attacks—periods that may range from several hours to months or even—years there are no symptoms. The attacks themselves may last from a few hours to most of a day or longer.

The symptoms may range from mild to serious but, in varying degrees, usually involve vertigo (often so severe that it causes nausea and vomiting), tinnitus (ear noise such as buzzing or ringing), and muffled or distorted hearing or hearing loss, particularly in the low frequencies. The attacks can become increasingly severe.

If you experience any of these symptoms, consult your physician without delay. Your physician will conduct a test to measure how well you hear sounds of various frequencies. If this test is inconclusive, further tests may be needed to diagnose the problem.

One such test (called electronystagmography) involves flooding your ear with cold or warm water. Normally, this causes you to feel a whirling sensation that makes your eye movements flicker. This flicker is studied. The procedure is repeated with water of different temperatures. The responses to the flooding of each ear are recorded and compared with each other and with normal responses to determine if the balancing function of the inner ear is operating normally.

How Serious Is Meniere's Disease?

For most people, the disorder is primarily an inconvenience, and they have only rare attacks. For a few, however, Meniere's disease can cause complete deafness, and the vertigo and accompanying nausea can be frequent and debilitating.

Treatment

If you experience the vertigo of Meniere's disease, lie as still as possible to ease the symptoms. When the immediate symptoms have subsided, consult your physician.

Medication

Your physician probably will prescribe medication to combat the vertigo and its accompanying nausea and vomiting. Other treatments that seem to help some people include the use of diuretics and low-salt diet to decrease the fluids in the body. Cutting down on your use of caffeine and nicotine may help. Also, avoid alcohol.

Your physician may prescribe sedatives to relieve the severe anxiety that a serious attack can cause. It is difficult to tell when drug therapy has been useful over long periods because Meniere's disease tends to go into remission and spontaneously disappear.

Surgery

When medical treatment fails to control frequency and severity of attacks, your physician may recommend surgery. The operation may involve a procedure to relieve the pressure within your inner ear and its distended membranes. Sometimes the nerve that controls balance is cut.

When hearing loss is severe or complete in the affected ear and your vertigo is very serious, your physician may recommend a procedure in which your entire inner ear is destroyed. Then your other ear and muscle impulses and sight handle the balance function.

If you have Meniere's disease in both ears, treatment is more difficult. You may have surgery on the poorer of your two ears to stop the most debilitating attacks. You may receive streptomycin or gentamicin, antibiotics that are toxic to your ear, in carefully controlled amounts to disrupt the balance portion of your inner ear while preserving your hearing.

Litin, S. C., & Nanda, S. (2018). *Mayo Clinic family health book*. Rochester, MN: