

CLINICAL PRACTICE GUIDELINES

PATIENT INFORMATION

FREQUENTLY ASKED QUESTIONS (FAQS) ABOUT MÉNIÈRE’S DISEASE

WHAT IS MÉNIÈRE’S DISEASE (MD)?	MD is a disorder of the inner ear. With MD, you will have two or more episodes of vertigo, described as the feeling of spinning or moving when you are still, that last between 20 minutes to 24 hours. Other symptoms you may have along with vertigo include: • Hearing loss that changes from better to worse (fluctuating hearing loss) • Your ear feeling like it is full or plugged (ear pressure) • A ringing, buzzing, or other noise in your ear (tinnitus) It is not really known what causes MD but it is believed that it may be caused by having too much fluid in one of the spaces in the inner ear.
WHAT IS VERTIGO?	When you have vertigo, you feel like you are spinning or moving when you are still. It is caused when your vestibular system isn’t working correctly. Vertigo can also be caused by other issues such as headaches.
WHAT IS THE VESTIBULAR SYSTEM?	The vestibular system includes the inner ear, eyes, and nerves connected to the brain that help us with balance, coordination, and posture.
WHAT IS TINNITUS?	Tinnitus is when you hear ringing, buzzing, or other noises in your ear, when there is nothing causing the noise. Tinnitus sounds are different for each patient.
WHAT IS FLUCTUATING HEARING LOSS?	Fluctuating hearing loss can happen when you first start having MD. This type of hearing loss is hearing that suddenly changes back and forth between getting worse and getting better.

SOURCE: Basura GJ, Adams ME, Monfared A, et al. Clinical practice guideline: ménière’s disease. *Otolaryngol Head Neck Surg.* 2020;162(2_Suppl):S1-S55.



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ABOUT THE AAO-HNS/F

The American Academy of Otolaryngology–Head and Neck Surgery (AAO-HNS) represents approximately 12,000 specialists worldwide who treat the ear, nose, throat, and related structures of the head and neck. The AAO-HNS Foundation works to advance the art, science, and ethical practice of otolaryngology–head and neck surgery through education, research, and lifelong learning.

Figure 1. Frequently asked questions (FAQs) about Ménière’s disease.

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HOW IS MD DIAGNOSED?	Your health care provider will ask questions to get a history of your symptoms. They may also recommend additional tests. Your health care provider may ask the following questions: • How often do you feel the symptoms? • How long do the symptoms last? • Describe your vertigo symptoms. • How severe are the symptoms? • Do you have hearing loss with the vertigo? How long does that last? Does the hearing loss fluctuate? • Do you have other ear complaints (fullness or changes in tinnitus) with the vertigo? • Has your vertigo caused you to fall? • Do you have tinnitus (ringing, buzzing, or other noises in your ear) along with the vertigo? • Does your ear feel full during your attacks of vertigo or hearing loss? • When you are feeling vertigo symptoms: Do you have headaches? Do any lights or sunlight make you feel worse? Does it make you feel worse when you move? • Does anyone in your family have similar symptoms? Keeping a journal of symptoms can help your health care provider make the right diagnosis. Sometimes it takes many visits to diagnose MD.
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WHAT TESTING MIGHT BE ORDERED?	Your health care provider may have you get the following testing: ● Audiogram: This is a hearing test. An audiologist performs this test. ● No significant risk of testing ● Test can be time consuming (about 30 minutes) ● Video- or Electro-nystagmogram (VNG or ENG): This exam tests your ears and eyes to find the cause of issues with your vestibular system. This test is not necessary to diagnose MD but may help find a different cause to the vertigo. ● Risks of vertigo, nausea with testing ● Tests are time consuming (about one hour) ● May be discomfort with changes in body positions ● Electrocochleography (ECochG): ECochG measures the electrical responses of the cochlea (the hearing part of the inner ear) and auditory nerve. This test is not necessary to diagnose MD. ● Risks include discomfort in the ear ● MRI of the Brain: A type of imaging that uses magnetic energy to look at brain and nerve anatomy. Risks of MRI include: ● Allergy to contrast dye ● Discomfort with IV placement ● If you have a fear of smaller spaces, you may feel uncomfortable going through the tunnel of the MRI machine
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WHAT ARE SOME OF THE TREATMENTS FOR THIS CONDITION?	There is no cure for MD. However, there are ways to help control symptoms. Below are treatments for MD from least to most aggressive: ● Diet restrictions: Although not all people get relief with making changes to their diet, it is important to try and see if these changes help to decrease symptoms. ● Low sodium (salt) diet (1500-2300 mg daily; specific mg recommendations based on the American Heart Association and not a previous specific MD treatment guideline)[†] ● Limit having alcohol ● Limit having caffeine ● Medications may help reduce the symptoms ● Diuretics, which are medications that remove excess body fluid ● Anti-vertigo medications ● Antihistamines to treat allergies ● Betahistine ● Non-Invasive treatments ● Vestibular rehabilitation (physical therapy) ● Hearing aids ● Middle ear injections through the ear drum in the affected ear ● Steroids ● Gentamicin (type of antibiotic) ● Surgery ● Endolymphatic sac decompression (hearing remains) ● Vestibular nerve section (hearing remains) ● Labyrinthectomy (stops hearing function)
WHAT CAN I DO TO DECREASE MY SYMPTOMS?	To assist with your symptoms, your health care provider can help you figure out which things are making you feel bad. This could include sodium (salt), alcohol, caffeine, weather, allergies, and stress.

[†] Cogswell ME, Zhang Z, Carriquiry AL, et al. Sodium and potassium intakes among US adults: NHANES 2003-2008. *Am J Clin Nutr*. 2012;96(3):647-657.

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WHAT IS THE NATURAL HISTORY OF MD?	1. It is an adult onset disorder (most common between the ages of 40-60). 2. Vertigo attacks, fluctuating hearing loss, ringing in the ear, and ear fullness are random and unexpected. 3. Over time, vertigo attacks with MD eventually decrease but patients often suffer permanent and significant hearing loss. This nonfluctuating hearing loss typically develops slowly. Though it does happen often, it does not happen in all cases. 4. Lingering or permanent inner ear balance loss may require patients to get long-term vestibular therapy.
HOW CAN MD AFFECT MY QUALITY OF LIFE?	MD can change how you feel about the way you live your life. Your symptoms may make you feel sick and tired or you may have a hard time hearing or paying attention. Many times, when patients are feeling better, they think about how bad they felt and feel scared. It is important to see your health care provider regularly so they can answer questions and help make you feel better.
ARE THERE OTHER EDUCATIONAL LINKS OR SUPPORT GROUPS FOR MD?	You are encouraged to join a support group to gain knowledge, resources, and support from others. Below are some resources that have links to support groups: ● Vestibular Disorders Association (VeDA): www.vestibular.org/finding-help-support ● Ménière's Resources Inc.: www.menieresresources.org ● Ménière's Society: www.menieres.org.uk ● Ménière's Research Fund, Inc.: www.menieresresearchaustralia.org ● Hearing Health Foundation: www.hearinghealthfoundation.org Additional educational resources: ● American Academy of Otolaryngology–Head and Neck Surgery – Ménière's Disease: www.enthealth.org/conditions/menieres-disease ● National Institutes of Health – Ménière's Disease: www.nidcd.nih.gov/health/menieres-disease

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WHAT TRIGGERS WILL MAKE MY SYMPTOMS WORSE OR BRING ON A VERTIGO ATTACK?	Ménière's disease (MD) triggers are different from patient to patient. It is possible that you have one trigger, or you may have many. You may want to keep a food and activity diary. This can help you find what your triggers are.
IF I KNOW THAT SODIUM (SALT) IS A TRIGGER FOR ME, HOW MUCH CAN I CONSUME DAILY?	While there is no sodium (salt) recommendation specifically for patients with MD, the American Heart Association recommends an "ideal" limitation of 1500 mg and having no more than 2300 mg. [†]
I HAVE A HIGH STRESS JOB/LIFE AND IT MAKES MY SYMPTOMS WORSE. HOW CAN I AVOID STRESS?	Stress can play a role in making MD symptoms worse. It is hard to live a stress-free life; however, there are many things you can do to manage stress. A few things you can do are: ● get adequate sleep and exercise ● meditate ● join support groups ● avoid natural depressants like alcohol and drugs
IS THERE A SPECIAL DIET I SHOULD FOLLOW TO AVOID AN ATTACK?	Diet may not affect everyone the same way. However, having too much sodium (salt) in your diet can increase fluid in the inner ear. Reading food labels can help you keep track and avoid having too much sodium. Foods that are naturally low in sodium include: ● fresh fruits and vegetables ● whole food (not processed) ● fresh beef, poultry, and fish Also, having too much caffeine has been known in some people to trigger an attack. However, caffeine does not affect everyone.

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Figure 2. Frequently asked questions (FAQs) about Ménière's disease triggers.

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WHAT LIFESTYLE CHANGES CAN I MAKE TO HELP PREVENT SYMPTOMS?

Living a healthy lifestyle and developing coping methods is a great practice to maintain good health. It may also help to control symptoms of MD. Examples of lifestyle changes are:

- Limit salt in your diet
- Avoid too much caffeine, alcohol, and nicotine
- Eat well-balanced meals throughout the day
- Drink plenty of water throughout the day, avoiding drinks with lots of sugar
- Manage stress appropriately
 - get plenty of exercise
 - get enough sleep
 - join a support group
 - journal
 - practice breathing exercises
- Identify and manage any allergies
- Get tested for sleep apnea if you have increased attacks of vertigo

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