



**ANWAR E.N.T**  
The Right Choice For Your Health

## Mr. Mohiemen Anwar MBBS PhD DOHNS FRCS (ORL-HNS)

Consultant ENT Surgeon | Chelsea and Westminster Hospital | Phone: 0207 117 2437 | Mob: 07541 51 6454  
E-Mail: secretary@anwar-ent.com | The Westminster Wing outpatient, Chelsea and Westminster Private Care,  
Chelsea and Westminster NHS Foundation Trust SW10 9NH. GMC 6027494 FAX. 03300539680

# Ménière's disease

**Ménière's disease is a condition of the inner ear that causes sudden attacks of:**

- feeling like the room is spinning around you (vertigo)
- a ringing noise inside the ear (tinnitus)
- ear pressure felt deep inside the ear
- hearing loss

## Symptoms

During an attack of Ménière's disease, you may:

- feel dizziness with a spinning sensation
- feel unsteady on your feet
- feel sick or vomit
- hear ringing, roaring or buzzing inside the ear
- have a sudden drop in hearing

These symptoms, which typically happen all at once, can last minutes or hours, but most commonly last two to three hours.

The condition usually starts in one ear, but can spread to both ears over time.

It can take a day or two for the symptoms to disappear completely. You may feel tired after an attack.

Symptoms vary from person to person, but an attack of hearing loss without vertigo is uncommon.

Attacks can occur in clusters or several times a week, or they may be separated by weeks, months or years.

Ménière's disease most commonly affects people aged 20-60. It's uncommon in children.

See your GP if you think you may have Ménière's disease. It can lead to permanent hearing loss if it's not treated.



## Treatment

There's no cure for Ménière's disease, but medication can help you control vertigo, nausea and vomiting.

The two medicines usually recommended by GPs are:

- prochlorperazine – helps relieve severe nausea and vomiting
- antihistamines – help relieve mild nausea, vomiting and vertigo

The aim is to get the medicine into the body as soon as possible at the first sign of any symptoms.

If these medicines work, your GP may give you a supply to keep for you to take quickly during an attack.

You may also need treatment for:

- [tinnitus](#)
- [hearing loss](#)
- [loss of balance \(vestibular rehabilitation\)](#)

Distress is common in people with Ménière's disease, as it's difficult and unpredictable.

Your GP can offer advice and support if you're finding it difficult to cope with the effect Ménière's disease is having on your life.

You may be offered:

- [counselling](#) – including [cognitive behavioural therapy \(CBT\)](#)
- relaxation therapy – including [breathing techniques](#) and [yoga](#)

There are also a number of support groups, such as the [Meniere's Society](#), that can provide assistance and advice.

## What to do during an attack

Vertigo can cause you to lose balance. At the first sign of it:

- take your medication
- sit or lie down



- close your eyes, or keep them fixed on an object in front of you
- don't turn your head quickly
- if you need to move, do so slowly and carefully

Once the attack is over, try to move around to help your eyesight and other senses compensate for the problems in your inner ear.

## **Treating severe attacks**

You may be advised to have prochlorperazine as an injection instead of a tablet for quicker action to deal with severe symptoms.

In rare cases, you may need to be admitted to hospital to receive fluids through a vein to keep you hydrated.

## **Surgery**

Surgery may be an option to control vertigo in severe cases, but it's usually only considered if other treatments have failed.

There are very few clinical trials that have looked at the effectiveness of surgery for Ménière's disease, which is why it's rarely used.

## **Prevention**

### **Medication**

Your GP may recommend a medication called betahistine to help reduce the frequency and severity of attacks of Ménière's disease.

Betahistine is thought to reduce the pressure of the fluid in your inner ear, relieving symptoms of hearing loss, tinnitus and vertigo.



## Foods to avoid

There isn't much proof that changes to your diet can help.

But some people claim their symptoms improve by:

- eating a low-salt diet
- avoiding alcohol
- avoiding caffeine
- stopping smoking

## Driving and other risks

You can't predict your next attack, so you may need to change how you do things to avoid placing yourself or others in danger.

Consider the risks before doing activities like:

- driving
- swimming
- climbing ladders or scaffolding
- operating heavy machinery

You may also need to make sure someone's with you most of the time in case you need help during an attack.

## Driving

You shouldn't drive when you feel dizzy or if you feel an attack of vertigo coming on.

You must inform the [Driver and Vehicle Licensing Agency \(DVLA\)](#) if you're prone to sudden attacks of vertigo without any warning signs.

It's likely that you won't be allowed to continue driving until you have control of your symptoms.



## Flying

Most people with Meniere's disease have no difficulty with flying.

These tips can help take the stress out of flying, which may reduce the risk of an attack:

- get an aisle seat if you're worried about vertigo – you'll be away from the window and will have quicker access to the toilets
- sit away from the plane's engines if noise and vibration are an issue
- drink water regularly to stay hydrated and avoid alcohol
- ask if the airline has any special diets that suit your needs

## Diagnosis

Your GP should refer you to see an ear, nose and throat (ENT) specialist to confirm whether or not you have Ménière's disease.

The ENT specialist will check you have:

- vertigo – at least two attacks lasting 20 minutes within a short space of time
- fluctuating hearing loss – confirmed by a hearing test
- tinnitus or a feeling of pressure in your ear

Your GP or specialist may also carry out a general physical examination and blood tests to rule out other possible causes of your symptoms.

Ménière's disease can be confused with conditions with similar symptoms, such as:

- [migraine](#)
- [ear infection](#)
- [vestibular neuronitis](#)
- [labyrinthitis](#)

## Causes

The exact cause of Ménière's disease is unknown, but it's associated with a problem with pressure deep inside the ear.



Factors thought to increase your risk include:

- poor fluid drainage in your ear
- an immune system disorder
- allergies
- viral infection, such as meningitis
- family history of Ménière's disease
- head injury
- migraines

It's likely that Ménière's disease is caused by a combination of factors.