

What is the treatment?

Conservative treatment that involves a low salt diet and a diuretic (water pill) may reduce the frequency of Ménière's Disease attacks in some patients. In order to receive the full benefit of the diuretic, it is important to restrict salt intake and take the medication regularly as directed. It is also important to increase water intake to avoid dehydration. Anti-vertigo medications, e.g., Antivert® (meclizine generic), or Valium® (diazepam generic), may provide temporary relief. Anti-nausea medication, such as Phenergan, is sometimes prescribed. Anti-vertigo and anti-nausea medications may cause drowsiness. Avoid smoking and reduce caffeine and alcohol consumption. Get regular sleep and eat properly. Remain physically active, but avoid excessive fatigue. Stress may aggravate the vertigo and tinnitus of Ménière's Disease. Stress management or counseling may be advised. If you have vertigo without warning, you should not drive, because failure to control the vehicle may be hazardous to yourself and others. Safety may require you to forego ladders, scaffolds, and swimming.

If vertigo attacks are not controlled by conservative measures and are disabling, surgical procedures might be recommended with caution as there may remain permanent side effects.

For more information on these invasive procedures, see our brochure on Surgical Options.

How can you help?

Meniere's Resources, Inc. is a non-profit organization registered in the State of Missouri. You may visit our website at:

www.menieresresources.org

We accept credit card payments through PayPal, or you may choose to mail a check or money order payable to Meniere's Resources, Inc. to:

Dave Wanner
605 Kevin St.
Paragould, AR 72450

You may also become a member of Meniere's Resources, Inc. by registering online. Basic membership for students and those with vestibular disorders is just \$10. Membership for family and friends is \$25. Professional membership (doctors, audiologists, etc.) is \$50. Patron membership is \$100. Members will receive a membership packet and an email newsletter containing research news, coping tips, and other support information

Your tax-deductible contribution will go toward raising public awareness of the disease, and the need for research for finding a cure.

For more information, write:

Meniere's Resources, Inc.
8831 Ditzler
Kansas City, MO 64138



**Help!
I think I have
Ménière's
Disease!**

**Meniere's Resources, Inc.
is a non-profit organization.**

What is Ménière's Disease?

Ménière's Disease, also called idiopathic endolymphatic hydrops, is an inner ear disorder. It is sometimes referred to as MM, for Morbus Ménière's (*Morbus* is Latin for disease). Although the cause is unknown, it probably results from an abnormality in the inner ear fluids. Ménière's Disease is one of the most common causes of dizziness originating in the inner ear. In most cases only one ear is involved, but in about 15 percent of patients, both ears can be affected. Ménière's Disease typically starts between the ages of 20 and 50 years, although children are occasionally diagnosed. Men and women are affected in equal numbers. The frequency of attacks and progression of symptoms vary from person to person.

What are the symptoms?

The symptoms of Ménière's Disease are:

- episodic rotational vertigo (attacks of a spinning sensation)
- fluctuating hearing loss
- tinnitus (a roaring, buzzing, or ringing sound in the ear)
- a sensation of fullness or pressure in the affected ear(s)

Tinnitus (ringing in the ears) and fullness may come and go with changes in hearing, occur during or just before attacks, or be

constant. There may also be an intermittent hearing loss early in the disease, especially in the low pitches, but a fixed hearing loss involving tones of all pitches commonly develops over time. Loud sounds may be uncomfortable and seem distorted in the affected ear(s).

Of all of the Ménière's Disease symptoms, vertigo is usually the most troublesome. It is commonly produced by inner ear disorders, but may also occur in central nervous system disorders. Vertigo attacks vary; they may last for 20 minutes to two hours or much longer. Vertigo attacks disrupt patients' lives, making daily tasks difficult. Sleepiness may follow for several hours, and the off-balance sensation may last for days.

The symptoms of Ménière's Disease may be only a minor nuisance, or can become disabling, especially if the vertigo attacks are severe, frequent, and occur without warning.

How is Ménière's Disease diagnosed?

The physician (a neurotologist is a specialist in this area) will take a history of the frequency, duration, severity, and character of your attacks, the duration of hearing loss or whether it has been changing, and whether tinnitus or fullness have been experienced in either or both ears. The neurotologist may ask whether there is history of herpes, syphilis, mumps,

or other serious infections, inflammations of the eye, an autoimmune disorder or allergy, or ear surgery. He or she may also ask general health questions such as whether the patient has had diabetes, high blood pressure, high cholesterol, thyroid, or neurological or emotional disorders. Tests may be ordered to look for these problems in certain cases. When the history has been completed, diagnostic tests will check hearing and balance functions. They may include:

- A hearing test (audiogram) to determine hearing loss, a major symptom of Ménière's
- A balance test (ENG or rotational testing) to evaluate vestibular damage
- Electrocochleography (ECoG) to detect increased inner ear pressure
- An MRI to rule out any tumors or other problems

For more information see our brochure on Diagnostic Testing at:

www.menieresresources.org

Front page artwork by Danny –
in Wisconsin,
diagnosed with Ménière's Disease and
Migraine Associated Vertigo