

MÉNIÈRE'S DISEASE

DESCRIPTION AND ETIOLOGY

Ménière's disease is a condition of the inner ear that results from a build-up of fluid (endolymph) in the inner ear tubes, or labyrinths, which contain the organs of balance and hearing. When the pressure from the build-up of endolymph gets too high, it interferes with the balance and hearing signals between the inner ear and the brain, leading to dizziness/vertigo, tinnitus, hearing loss, and aural fullness (a feeling of congestion in the ear).

The exact cause of Ménière's disease is unknown. Researchers have proposed several theories:

- Constrictions in blood vessels, similar what causes migraines.
- Viral infections, allergies, and/or autoimmune reactions.
- Genetic factors (Ménière's disease tends to run in families.)

PREVALENCE AND WHO'S AT RISK

Though Ménière's disease can occur at any age, the likelihood and prevalence is greater among adults aged 40 to 60 years.

The exact number of Ménière's disease patients has not been accurately measured, as no official reporting system exists. The National Institute on Deafness and Other Communication Disorders (NIDCD) estimates about 615,000 Americans have Ménière's disease, with 45,500 new cases annually.

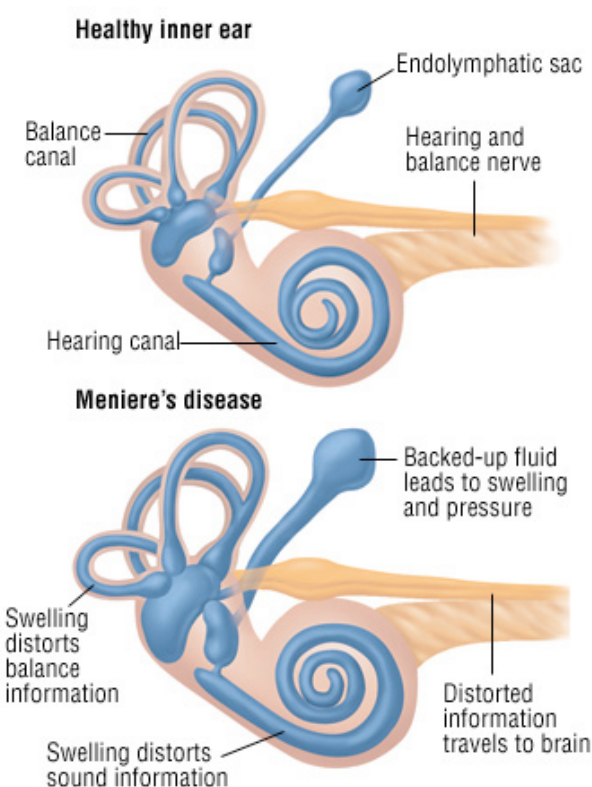
Men and women are affected in equal numbers.

PROGRESSION – 3 STAGES

Early stage – Sudden, unpredictable episodes of vertigo occur, often with nausea, vomiting, anxiety, blurred vision, fatigue, cold sweats, balance loss, headache and other symptoms. Episodes last from 20 minutes to 24 hours. Fluctuating hearing loss, aural fullness, and tinnitus are common. Attacks can vary in frequency; separated by days, weeks, months, or even years.

Middle stage – Vertigo episodes continue, but are often less severe. Tinnitus and hearing loss worsen. Periods of complete remission, where symptoms disappear, can occur and last several months.

Late stage - Vertigo episodes may be replaced by more continuous balance and vision struggles. Hearing loss and tinnitus can be worse and less likely to fluctuate.



HEARING LOSS

Ménière's disease usually starts in one ear, but can extend bilaterally over time. The disease is a disorder of the inner ear. Progressive sensorineural hearing loss occurs in the affected ear.

TREATMENT

There is no cure for Ménière's disease nor the hearing loss that is caused by it, but treatments that can help decrease the severity and frequency of vertigo episodes include:

- **Medications** to help with vertigo, as well as long-term medications that can reduce fluid retention.
- **Non-invasive therapies**, such as vestibular rehabilitation, hearing aids/cochlear implants, and air pressure pulse devices that can help prevent vertigo.
- **Middle ear injections** (antibiotic or steroid).
- **Dietary changes**, such as limiting salt, caffeine, and alcohol intake, and taking diuretics.
- **Cognitive therapies** to help reduce stress and anxiety.
- **Surgery** (in rare cases where symptoms of vertigo cannot be helped by diet, drugs and/or devices).