



Ménière's disease

This leaflet explains what Ménière's disease is and how it is treated.

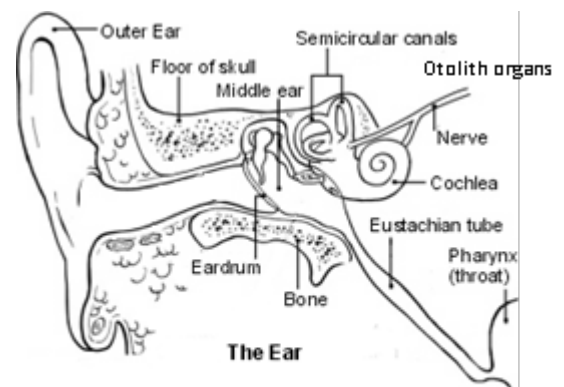
What is Ménière's disease?

Ménière's disease is a disorder that affects the labyrinth (a system of passages) of your inner ear, which is important for hearing and balance. About 1 in 1000 people have Ménière's disease and it may affect an equal number of men and women. It may develop at any age, but it is most common in people between 20 and 60 years old.

What are the causes?

There are many ideas as to what may give rise to Ménière's disease, but the exact cause of is not known. The symptoms may be related to increased fluid pressure in the labyrinth of the inner ear (endolymphatic hydrops). This affects the function of the sensory organs within the labyrinth:

- The balance organs (three semicircular canals and two otolith organs) responsible for detecting changes in head movement.
- The organ of hearing (the cochlea) (see figure).



Anatomy of the ear and location of the labyrinth

What are the symptoms?

The four main symptoms are:

1. Dizziness (vertigo – a spinning sensation) with associated nausea and vomiting.
2. Hearing loss.
3. Tinnitus (noises in the ears or head).
4. Pressure feeling in the ears.

Ménière's disease involves all 4 symptoms. The strength of these symptoms and progression of the condition will vary greatly from person to person. There are also other similar conditions thought to be caused by endolymphatic hydrops, which involve two or three of the symptoms. Often the missing symptoms will begin at a later date.

Although Ménière's disease can normally be effectively managed, some people may experience stress, anxiety and depression as a result of their symptoms. They should consult their GP for advice on how to effectively manage these secondary symptoms.

How does the disease progress?

There are 3 general stages of Ménière's disease, but you may not necessarily go through all of these:

- In the early stage, you may experience episodes involving all four symptoms. The dizziness may last from 15 minutes to 24 hours. You may experience tinnitus or changes in your hearing. These symptoms normally disappear after 24-48 hours.
- In the middle stage, the episodes of dizziness will continue. There may be a permanent hearing loss as well as tinnitus, which may fluctuate before each episode of vertigo.
- In the last 'burnt out' stage, the episodes of dizziness will become milder or may stop altogether, however your overall balance may be poor and you may experience imbalance when you move. This should be able to be improved by balance exercises (vestibular rehabilitation), which should be offered to you if these are felt to be appropriate. The hearing loss will be permanent; however, in many cases a hearing aid may be useful. Furthermore, Ménière's disease usually affects one ear, though in some people (10-30%), it may progress to the other ear.

How is the diagnosis made?

There is no single test used to diagnose Ménière's disease. A clear diagnosis can often be made in most people with a combination of their balance history and test results. However, it will not always be possible to make a diagnosis at your first appointment as symptoms may need to be followed over time. More information on diagnostic testing can be found in the leaflet 'Balance assessment at the balance clinic' – please ask your clinician if you would like a copy.

What are the management options?

There are a number of different treatments available for Ménière's disease, from medication to changes in lifestyle, and your clinician can explore these options with you. This may include

Medication: There are two types of medications that are used:

- 1) **Preventative:** These medications may reduce the likelihood that an attack will occur.
 - Betahistine (Serc) reduces fluid pressure to help reduce the occurrence of episodes.
 - Gingko biloba is a herbal alternative to betahistine.
 - Diuretics (water tablets) may also reduce fluid pressure.
- 2) **During an episode:** These medications may relieve the symptoms during an episode. Please note they should only be used over a short period of time to reduce symptoms of dizziness, nausea and vomiting.
 - Prochlorperazine (Stemetil and Bucastem)
 - Antihistamines (Cinnarizine and Cyclizine)

Change in lifestyle: The following may be beneficial for:

- 1) Reducing the likelihood of episodes:
 - A low-salt diet may help to reduce fluid pressure. Please consult a dietitian.
 - Stress reduction and relaxation/breathing techniques may help you better cope during an attack.

- 2) Coping with hearing loss and tinnitus:
 - Digital hearing aids may be beneficial for many patients with hearing loss
 - Hearing therapy and hearing tactics may help you manage your tinnitus.
 - Reduced intake of caffeine may help to reduce your tinnitus.
- 3) Coping with residual movement-evoked symptoms:
 - Balance exercises, known as vestibular rehabilitation exercises, can be useful in the later stages or when episodes have reduced in frequency to once every few months. Exercises will not prevent your dizzy episodes from occurring; though can help to ease any symptoms in between.

If these interventions prove unsuccessful, your clinician may make an onward referral to an Ear, Nose and Throat (ENT) colleague to discuss further management options.

For further information, please see these websites:

- NHS Website: www.nhs.uk/Conditions/Menieres-disease
- Dizziness and balance: www.dizziness-and-balance.com/disorders/menieres
- Ménière's society: www.menieres.org.uk
- RNID: <https://rnid.org.uk/k>

Contact details:

If you have any concerns or need further advice about your condition or treatment, then contact the Balance Team in the Audiology Department on Tel: 0118 322 7238

Email: audiology.royalberkshire@nhs.net

Website: www.royalberkshire.nhs.uk/audiology

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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