What can You Do?

- If you have any of the symptoms, you should seek early medical attention to prevent further attacks and slow down hearing loss.
- Eat a balanced diet, rest sufficiently and stay physically active. Avoid alcohol, caffeine, smoking and manage stress. If you have vertigo attacks, you should avoid driving, climbing ladders and swimming.
- Explain to your family and friends the symptoms of the diseases, so that they can render appropriate assistance during an attack and not be overly alarmed.
- Protect yourself from possible injury, especially during the night. Switch on a night-light and ensure the path to the bathroom is free of rugs, furniture or other obstructions.
What is Meniere's Disease?
Meniere's disease is a disorder of the inner ear. Although the exact cause is not known, it is believed to be a problem with the fluids in the inner ear. Meniere's disease is a common cause of dizziness. In the United States of America, it is estimated that 2 in 1000 people have the Meniere's disease.

In most cases, only one ear is affected but if left untreated, it may affect both ears. Meniere's disease usually affects those 20 to 50 years old, both male and female.

What are the Symptoms?
The common symptoms of Meniere's disease are:

- Tinnitus (roaring, buzzing, or ringing sound in the ear)
- Feeling of fullness in the affected ear
- Fluctuating hearing loss
- Vertigo (spinning attacks)

In the early stage of the disease, one may experience sporadic hearing loss, especially of low pitch sounds. This may gradually become a permanent hearing loss.

Vertigo, or spinning attacks may last from 20 minutes to a few hours. During the attacks, one will be unable to perform normal daily activities. Sleepiness and an off-balance feeling may last for days. Vertigo often occurs without warning.

In rare cases, the patient will experience sudden falls. The inner ear balance organs are suddenly deformed, causing a sudden activation of the vestibular reflexes. One will feel like he is tilted or falling (although they may be straight), and may fall while trying to reposition himself. This is a very disabling symptom as it occurs without warning and can result in severe injury.

How is a Diagnosis Made?
Some diagnostic tests may be ordered to check your hearing and balance function. These include:

- Hearing tests
  - Hearing test or Audiometric test to test for loudness perception.
  - Speech discrimination test to test for ability to differentiate between similar sounding words.

- Balance tests
  - ENG (Electronystagmograph) may be conducted to check the balance function.

- Other tests
  - ABR (Auditory Brainstem Response), a computerised test of the hearing nerves and central brain pathways may sometimes be done.

- Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) may also be conducted to exclude a tumour of the hearing and balance nerves. Although rare but they can cause symptoms similar to Meniere’s disease.

What are the Treatments Available?
Non-surgical treatment methods are divided into treatment of the acute attack and prevention of future attacks:

- Medications to abort an acute attack include anti-nausea and anti-vertiginous medications. All patients should have these ready as attacks are unpredictable.

- Measures to decrease frequency of attacks include taking a low salt diet and diuretics. It is important to avoid stimulants such as coffee, alcohol, smoking and stress.

The majority of patients respond to such conservative measures but a small proportion of patients may require more invasive treatment.

Intratympanic Injection
Injection of the vestibulotoxic antibiotic (Gentamicin) into the middle ear is used to partially ablate the perception of imbalance in the affected ear. This controls vertigo in about 75% of the patients. Hearing may become worse in the treated ear in about 35% of the patients. Patients usually feel imbalanced for a while as they adjust to a new level of balance function.

Endolymphatic Shunt or Decompression Surgery
This prevents build-up of pressure in the inner ear, a possible cause of Meniere’s disease. The procedure usually does not affect hearing and controls the vertigo attacks in 30% to 50% of patients.

Selective Vestibular Neurectomy Surgery
The balance nerve is cut at the point where it leaves the inner ear to enter the brain. Vertigo attacks are permanently cured and hearing can be preserved in most cases.

Labyrinthectomy Surgery
The balance and hearing mechanism in the inner ear will be destroyed. This is considered only when the patient has poor hearing in the affected ear. It results in very good control of the vertigo attacks at the expense of losing whatever hearing that is left.