



On-Balance Physiotherapy

Vestibular, Balance and Neurological Rehabilitation

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WHAT IS MENIERE'S DISEASE?

Meniere's Disease (MD) is a fairly rare disorder of the inner ear presenting as spontaneous episodes of vertigo, fluctuating sensori-neural hearing loss (starting at low frequency tones), tinnitus (roaring or ringing in the ears) and aural fullness or pressure. Not a lot is known about the exact mechanisms or contributing factors, though specific causes can include viruses, genetic, allergy, autoimmune, trauma, low CSF pressure. One characteristic sign of MD is the presence of endolymphatic hydrops (EH), which is a build-up or abnormal movement of endolymphatic fluid inside the inner ear. This fluid build-up is thought to cause the symptoms associated with MD.

BEFORE AN ATTACK

THE FEELING OF FULLNESS IN ONE EAR
POSSIBLE CHANGES TO HEARING OR TINNITUS

HOW LONG DOES IT LAST FOR?

2 - 4 HOURS. MD EPISODES CAN OCCUR IN
CLUSTERS AND SOMETIMES YEARS CAN PASS
BETWEEN EPISODES

DURING AN ATTACK

ONSET OF SEVERE VERTIGO AND IMBALANCE
NAUSEA OR VOMITING
REDUCED HEARING AND TINNITUS

ALL ABOUT MD ATTACKS: SYMPTOMS

BETWEEN AN ATTACK

OFTEN FREE FROM SYMPTOMS OR MILDLY
IMBALANCED WITH ONGOING TINNITUS

FOLLOWING AN ATTACK

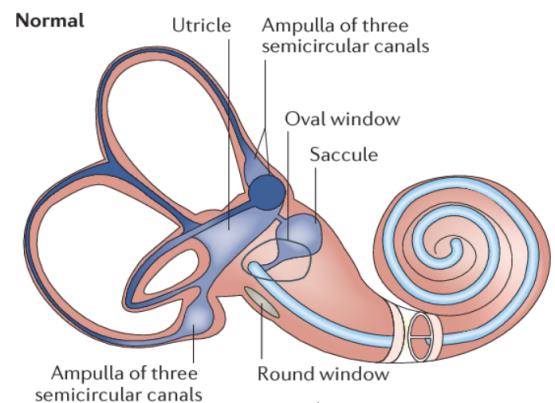
THE FEELING OF EXHAUSTION- IT MAY TAKE A
COUPLE OF DAYS TO FEEL BALANCED AGAIN

DIAGNOSIS

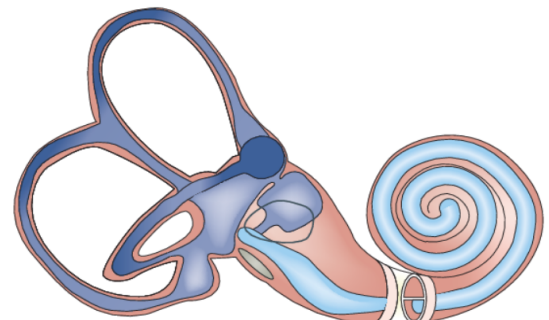
Diagnosis of MD is based on medical history and complimented by inner ear tests such as audiometry and vestibular function tests. These include vestibular evoked myogenic potentials, calorics and video head Impulse testing.

WHO GETS MD?

Meniere's affects about 0.2% of the population. Age of onset peaks around 40 - 50 years, with the highest prevalence in age 60 - 70 years old. Certain genetic factors have been identified and familial MD is observed in just under 10% of cases. MD often co-exists with other vestibular disorders such as vestibular migraine and BPPV; as well as other immune (or autoimmune) and allergy conditions.



Endolymphatic hydrops



■ Endolymph in the vestibular system ■ Endolymph in the cochlea ■ Perilymph

HOW TO MANAGE MENIERE'S DISEASE

Currently there is no known medical cure for MD but symptoms can be managed with a combination of lifestyle measures, medication, medical devices or sometimes surgical intervention.

Medications can be prescribed by your treating ENT, Neuro-otologist or GP to ease the severity of vertigo attacks and reduce nausea and vomiting during the attacks. Other medications may be prescribed such as diuretics, corticosteroid injections or betahistine.

SPECIFIC LIFESTYLE CHANGES THAT REDUCE MD EPISODES:



STOP SMOKING



REDUCE CAFFEINE



REDUCE STRESS



REDUCE ALCOHOL



REDUCE EXCESSIVE
SALT INTAKE

HOW WE CAN HELP YOU AT ON-BALANCE PHYSIOTHERAPY?

If there is ongoing imbalance or unsteadiness between MD episodes, your physiotherapist can provide you with specific vestibular rehabilitation exercises. These can help your brain compensate for the changes in inner ear function and help you feel steadier when you're moving around. We can also prevent secondary effects like muscle stiffness or weakness.

Our Vestibular Function Tests may assist with diagnosis, or in tracking progress of the disease. We are a resource for advice and education about Meniere's and can direct you further information about the condition. Additional support includes:

PSYCHOLOGISTS

CAN HELP WITH STRESS MANAGEMENT
TECHNIQUES AND THINKING STRATEGIES
TO HELP YOU COPE WITH A MD EPISODE

AUDIOLOGISTS

CAN MONITOR YOUR HEARING
FLUCTUATIONS AND GIVE ADVICE ON
WHETHER A HEARING AID OR PROSTHESIS
MIGHT BE HELPFUL