

MANAGING MENIERE'S DISEASE

Introduction: Meniere's disease is a relapsing disorder of the inner ear and of the hearing and balance nerves that produces fluctuant/progressive hearing loss, episodic vertigo, imbalance, and ear noise (tinnitus). Research strongly suggests that it is caused by viruses and the virus most often linked to it is the fever blister virus (Herpes Simplex virus (HSV)). Likely, other viruses can cause it as well, but diagnosing definitively which other virus is not a practical possibility at this time. Many methods of managing Meniere's disease provide opportunities for the vast majority of affected persons to return to a good quality life style. Important to managing the disorder is keeping track of how it affects you particularly in the context of the disease management strategies you employ.

Staging Meniere's disease:

Making the diagnosis:

Certain Meniere's disease: requires postmortem study of the inner ear.

Definite Meniere's disease: two or more spontaneous episodes of vertigo lasting at least 20 minutes with documented associated hearing loss on at least one occasion and the presence of tinnitus and pressure in the affected ear. In general, the hearing loss must last long enough to be documented. For example, in some Meniere's suspects, the real diagnosis is a variant or migraine typified by very short duration of the hearing loss, limited to the duration of the vertigo.

Probable Meniere's disease: one definite episode of vertigo with documented hearing loss on at least one occasion, with tinnitus and aural pressure during the vertigo spell.

Possible Meniere's disease: episodic vertigo of the Meniere's type without documented hearing loss with imbalance, but without episodes. This group of patients often has recurring vestibular neuritis that may lead to Meniere's disease eventually. Sometimes, a migraine disorder, irregular heart beat, low blood pressure, hyperventilation, or other problem can cause vertigo.

Hearing loss staging in Meniere's disease:

Stage	Four Tone Average from audiogram	Audiologist or Doctor to mark
1	0-25 db	Average your hearing from an audiogram using frequencies 500, 1000, 2000, and 3000 cycles per second (Hertz) within the past 6 months before treatment starts.
2	26-40 db	
3	41-70 db	
4	>70db	

Dizziness functionality level determination: Please read and help with your staging level.

Please read and mark in two ways. First, mark the table for how you are when you are having vertigo spells more frequently, your *Bad periods*. Then, mark the table for when you have periods of infrequent or rare spells or consistently mild spells, your *Good periods*.

		Good periods	Bad periods
1	My dizziness has no affect on my activities at all.		
2	When I am dizzy, I have to stop what I am doing for a while, but it soon passes and I can resume my activities. I continue to work.		
3	When I am dizzy, I have to stop what I am doing for a while, and commonly have to go home from work or the activity in which I was engaged at the time the vertigo spell started. The spell does pass and I can resume my activities later in the day or by the next day. I continue to work, drive, and participate in various activities, but I have to change some plans and make allowances for my dizziness.		
4	I am able to work, drive, travel, take care of my family, or engage in most essential activities, but I commonly avoid making detailed plans and commonly adjust planned activities worried about recurrence of the vertigo. I am missing a lot of things I would like to do because of the episodic vertigo.		
5	Vertigo with or without imbalance occurs so often that I find some of these activities commonly affected:	Unable to work, unable to attend work often enough to keep a job	
		Unable to drive much of the time	
		Unable to take care of my family most of the time	
		Unable to do most of the things that I used to do. Essential activities must be limited. I feel disabled.	
		How long have you felt this way?	
6	I have been disabled for a year or longer and/or receive compensation/sick leave because of my dizziness or balance problems.		

Treatment Options:

1. Dietary:	a. Salt: less than 1500 milligrams per day b. L-lysine 200 mg three times a day	
2. Diuretic	a. Maxzide 25/37.5 50/75 mg daily (circle chosen dose) b. HCTZ 25 mg 50 mg (add potassium 10 20 meq/day) c. Lasix 20 40 60 mg daily d. Ethacrynic acid 25 50 mg daily e. Neptazane 200 mg 2 times per day 3 times per day	
3. Sedation	a. Ativan 0.5 mg	1 2 3 times per day
	b. Ativan 0.5 mg tablets, chewed and held under the tongue	1 2 3 4 at first sign of spell
	c. Promethazine 25 50 mg suppositories	1 2 3 4 at first sign of spell
	d. Promethazine 25 mg tablets	1 2 3 4 at first sign of spell
	e. Levsin 0.125 mg tablets, chewed and held under the tongue	1 2 3 4 at first sign of spell
	f. Meclizine 12.5 mg 25 mg	1 2 3 4 times per day
4. Other	a. Acyclovir 200 mg 400 mg 800 mg	1 2 3 4 times per day
	b. Valtrex 500 mg 1000 mg	1 2 times per day
	c. Famvir 500 mg 1000 mg	1 2 times per day
5. Transtympanic gentamicin	a. Single injection, repeat in a month if still symptomatic	40 mg/cc injection, 0.3 cc
	b. 2 or 3 injections repeated weekly until imbalance appears	40 mg/cc injection, 0.3 cc
6. Transtympanic steroids	a. Single injection, repeat in a month if still symptomatic	4 mg/cc injection, 0.3 cc Decadron
	b. 2 or 3 injections repeated weekly until imbalance appears	40 mg/cc injection, 0.3 cc Decadron
7. Meniett Device	a. Placement of tympanostomy tube	To be scheduled and done in the office
	b. Meniett device training in office	To be done by audiology staff in office
	c. Meniett treatments 5 minutes each	3 4 times per day
8. Surgery	a. Endolymphatic sac surgery, Outpatient	TGH SJH UCH ASC
	In hospital b. Labyrinthectomy, 2-3 nights in hospital	TGH SJH UCH
	In hospital c. Selective Vestibular nerve section	TGH SJH
	In hospital d. Total vestibular/cochlear nerve section	TGH SJH
9. Observation: you may continue to have spells that are intrusive and may not be able to work reliably while you wait. Observation is a legitimate choice you are free to make.	With or without meds	
	a. Spontaneous remission rate at 2 years	30-50%
	b. Spontaneous remission rate at 5 years	60-85%

Notes: