

Patient information from the BMJ Group

Ménière's disease

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Ménière's disease

With Ménière's disease you get sudden attacks of dizziness, which can be very distressing. But over time the attacks usually get better.

We've brought together the best research about Ménière's disease and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is Ménière's disease?

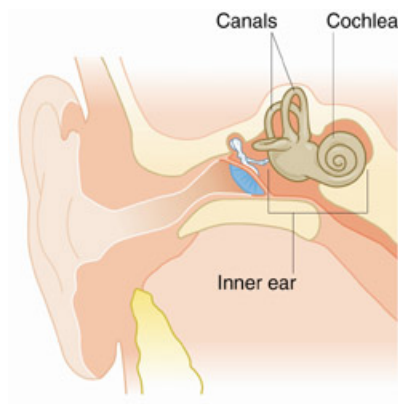
Ménière's disease is a condition that affects your balance and your ears.

If you have Ménière's disease you get attacks of: ^[1] ^[2] ^[3]

- Dizziness, like the room is spinning (**vertigo**)
- Hearing loss.

During the attack, you may also get:

- Ringing, roaring, or other sounds in your ears (**tinnitus**)
- Pressure or fullness in one ear or both ears.



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If you have Ménière's disease, you may have too much fluid in your inner ear.

We don't know exactly why people get Ménière's disease.

People who have Ménière's disease may have too much of a type of fluid called **lymph** in their inner ear.

But we don't know for certain if this extra fluid is what causes the disease. ^[4] ^[5]

Some people may get some of these symptoms because of another problem, such as an **infection**, a tumour (lump), or a broken bone near the ear. But with these problems, the symptoms usually happen all the time. With Ménière's disease, the symptoms usually come and go.

For more information, see [Do I have Ménière's disease?](#)

What are the symptoms of Ménière's disease?

During attacks of Ménière's disease you will:

- Lose some hearing
- Feel very dizzy, as if you or the room is spinning. This is called **vertigo**.

You may also:

- Hear ringing or other sounds in your ears
- Feel pressure in your ear (often when the attack begins).

These attacks can last from about 20 minutes to several hours. You may need to lie down and you may vomit or feel sick. Afterwards, you may feel tired or unsteady. ^[9] Between attacks, your hearing may be fine.

Symptoms may start in just one ear. But after months or years you may get symptoms in the other ear. ^[9]

Most people have up to about a dozen attacks each year, but some people don't have attacks for months at a time. ^[10]

If you have any of these symptoms, you should see your doctor. Several other things can cause these symptoms such as **anaemia**, certain medicines, and ear infections. So it is important that your doctor makes sure you have Ménière's disease and not another problem.

Your doctor may refer you to another doctor who specialises in ear, nose, and throat problems (called an **otolaryngologist**). Or you may see someone who specialises in hearing disorders (an **audiologist**), for a hearing test. Some people may need to have

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an **MRI scan** (a detailed scan that looks inside your body, a bit like an **x-ray**), or other tests. ^[11]

How common is Ménière's disease?

In Europe, between 1 in 2,000 and 4 in 2,000 people get Ménière's disease each year. ^[12]

Ménière's disease usually begins between the ages of 40 and 60 years. But it can also start when you're younger. ^{[13] [14]}

What treatments work for Ménière's disease?

We can't say for sure whether any treatments definitely work for Ménière's disease. That's because there hasn't been much good research.

There are several treatments you can try. They may help with your symptoms during an attack, or reduce or prevent further attacks. But there's not enough research to be certain.

- Your doctor may suggest a **medicine to help with dizziness (vertigo) or nausea**. Some examples are cinnarizine (brand name Stugeron), prochlorperazine (Stemetil), or hyoscine (Scopoderm TTS patch).
- You might wish to try taking a **sedative** during an attack. Examples of short-acting sedatives your doctor may suggest are alprazolam (Xanax) and lorazepam (Ativan). But they have side effects.
- To prevent attacks, you can try several things. They include a **low-salt diet**, **water tablets** (diuretics), and a drug called **betahistine**.
- If your symptoms are very bad, your doctor might recommend **surgery**. But there hasn't been much good research on these operations.

Which treatments work best?

We've looked separately at treatments to reduce symptoms during an attack and treatments intended to prevent attacks in the first place.

- [Treatments for symptoms during an attack](#)
- [Treatments to prevent attacks or slow down the disease](#)

Treatment Group 1

Treatments for symptoms during an attack

Treatments that need further study

- [Anticholinergic medicines](#)
- [Cinnarizine](#)
- [Phenothiazines](#)
- [Sedatives](#)

Treatment Group 2

Treatments to prevent attacks or slow down the disease

Treatments that need further study

- [Water tablets \(diuretics\)](#)
- [Lifestyle changes](#)
- [Support from a doctor](#)
- [Balance training](#)
- [Betahistine](#)
- [Trimetazidine](#)
- [Ear surgery](#)

What will happen to me?

It's hard to say exactly what will happen. The symptoms of Ménière's disease usually come and go.

This makes it hard to say if a treatment works. People often get better without any treatment.^[15] ^[16]

In the beginning you may get attacks about 6 to 11 times each year, but some people go many months without an attack.^[17] After several years the vertigo (dizziness) often gets better, but it's likely that you will lose some of your hearing or get tinnitus (ringing in the ears).^[18] ^[19]

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If you have hearing loss because of Ménière's disease, you may need a hearing aid. ^[20]

Many people with Ménière's disease also get ringing in their ears. This is called tinnitus. If you have tinnitus, it might make your hearing problems or dizziness worse. Tinnitus is hard to cure, but you can ask your doctors about help in dealing with it. For more, see our information on [Tinnitus](#) .

Eventually the vertigo attacks will probably go away. ^[19] About three-quarters of people with Ménière's find that their vertigo and tinnitus get better no matter what kind of treatment they have. ^[21]

Your life may be affected by having Ménière's disease. For example, you may have difficulty travelling or doing certain kinds of work. Your doctor can give you advice about making your home or workplace safer, or when to avoid driving. If you have Ménière's disease, you'll need to tell the Driver and Vehicle Licensing Agency (DVLA).

Treatments:

Anticholinergic medicines

In this section

These are medicines that are often used to treat stomach spasms, vomiting, or travel sickness. Your doctor may also suggest you try one for Ménière's disease. Some examples of these medicines are hyoscine (brand names include Joy Rides and Kwells) and glycopyrrolate. However, you can't get glycopyrrolate tablets in the UK.

We didn't find much research about this type of treatment. There was one small study of glycopyrrolate tablets. This drug seemed to help vertigo (dizziness), but this wasn't a very good study. ^[22] So more research is needed.

You might get side effects taking this type of medicine. They include a dry mouth, blurred vision, and drowsiness. ^[23]

Cinnarizine

In this section

Cinnarizine is an antihistamine drug that is usually used to treat allergic conditions, such as hay fever. But it's also used to treat people who feel dizzy or who have travel sickness. So your doctor may suggest you try this for Ménière's disease if you get these symptoms. The brand name is Stugeron.

We haven't found any good research to show whether cinnarizine works for people with Ménière's disease.

Cinnarizine may make you feel drowsy. It can also cause a dry mouth, blurred vision, and stomach upset. ^[24]

Phenothiazines

In this section

Phenothiazines are sometimes used to treat people who feel sick and dizzy. For example, they might be used to treat people with radiation sickness or who feel sick after having a **general anaesthetic** . So one of these drugs might help if you feel sick and dizzy because of Ménière's disease. One phenothiazine that is used to treat people with Ménière's disease is called prochlorperazine (brand name Stemetil).

We haven't found any good research to show whether phenothiazines work for people with Ménière's disease.

All these drugs can make you feel drowsy. They can also cause tremors and slurred speech.

Sedatives

In this section

Your doctor may suggest taking sedatives called **benzodiazepines** during an attack. Examples of benzodiazepines are alprazolam (Xanax) and lorazepam (Ativan).

There hasn't been any good research on benzodiazepines for Ménière's disease. So we can't be certain they will help.

Sedatives can have serious side effects, such as severe drowsiness. People can also become addicted to benzodiazepines. So they are usually prescribed only for a few weeks.

Water tablets (diuretics)

In this section

Water tablets (diuretics) help your body to get rid of extra fluid. The kind of water tablet that was studied for Ménière's disease is a combination of two types of **diuretics** , triamterene and hydrochlorothiazide. The combination is called co-triamterzide (brand name Dyazide).

There hasn't been much research, so we can't say for certain whether treatment with diuretics helps. In one small study (a **randomised controlled trial**) of co-triamterzide, this treatment didn't help people's hearing, and it wasn't certain if it helped their vertigo (dizziness) or tinnitus (ringing in the ears).^[25]

You can get side effects with diuretics. They include stomach upsets, dizziness, and rashes.^[26]

Lifestyle changes

In this section

Some people with Ménière's disease try to change the way they live. They eat a low-salt diet, exercise, give up smoking, stop drinking alcohol, or avoid certain foods, such as those high in caffeine (like coffee, tea, or chocolate).^[27]

It's possible that eating less salt might lower the amount of fluid in your ears. This could help with the symptoms of Ménière's disease.^[28] A lot of the salt we eat comes from foods we buy, rather than the salt we add at the table or during cooking. For example, foods that contain salt include ready meals, breakfast cereals, biscuits, cheese, bread, and tinned foods such as soup or baked beans. Your doctor can give you ideas about how to cut down on salt.

We don't know for certain whether making changes to your lifestyle is helpful. That's because there haven't been any good studies.

Support from a doctor

In this section

In studies, people with Ménière's disease often get better whatever treatment they have. Some people also improve while they're taking a dummy treatment (a **placebo**) or while they're on a waiting list for [surgery](#).^{[29] [30] [31]} Doctors aren't certain why this is. It might be because the symptoms of Ménière's disease come and go on their own, without treatment. Or it could be that getting support from a doctor, or learning more about Ménière's disease, helps people to cope with it.

However, there haven't been any good studies looking at whether support or advice from a doctor helps people with Ménière's disease. So we can't say for certain how useful it is.

Balance training

In this section

Balance training is a type of physiotherapy. People learn to do head and body exercises to help their sense of balance.^[32] It is called **vestibular rehabilitation**.

One summary of the research found that balance training could work well for conditions like Ménière's disease. People who'd had balance training had fewer symptoms and were better able to get on with their lives. But we can't tell from the summary how many people had Ménière's disease and how many had other, similar types of dizziness. So it's hard to know how important this research is for people with Ménière's disease.^[33]

Betahistine

In this section

Betahistine is a drug that lowers the amount of fluid in the inner ear. Its brand name is Serc.

We don't know if betahistine helps people with Ménière's disease. We found seven studies (called [randomised controlled trials](#)) of this drug but some of them weren't very good. [\[34\]](#) [\[35\]](#) [\[36\]](#) [\[37\]](#) [\[38\]](#) [\[39\]](#) [\[40\]](#) [\[41\]](#)

Overall, these studies found that betahistine didn't seem to work any better than a dummy treatment (a [placebo](#)) for hearing problems.

In two other small studies, some people took betahistine and others took another drug called [trimetazidine](#). [\[42\]](#) [\[43\]](#) In both studies, trimetazidine and betahistine worked equally well for people's hearing and tinnitus symptoms (ringing in the ears). But one of the studies found that trimetazidine worked better than betahistine for vertigo (dizziness). [\[42\]](#)

One of the studies we looked at found that betahistine may increase headaches. [\[41\]](#)

Trimetazidine

In this section

Trimetazidine (Vastarel) is a newer drug for heart disease. But researchers think it might also help people with Ménière's disease. It is not yet available in the UK.

We found two small studies in people who possibly had Ménière's disease. In both studies, some people took trimetazidine and others took another medication called [betahistine](#). [\[42\]](#) [\[43\]](#) The studies both found that trimetazidine and betahistine worked about the same for people's hearing and tinnitus symptoms. But one of the studies found that trimetazidine worked better than betahistine for vertigo (dizziness). [\[42\]](#)

The studies didn't find any side effects from taking trimetazidine.

Ear surgery

In this section

Doctors sometimes recommend surgery for people with very bad symptoms of Ménière's disease. Usually, you'll only be offered surgery if other treatments haven't worked.

Examples of surgery include: [\[20\]](#) [\[44\]](#)

- Injecting [antibiotics](#) into your inner ear

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- Inserting a tube to help your inner ear adapt to pressure changes
- Draining a pouch where fluid from the inner ear collects (called the endolymphatic sac)
- Cutting a nerve called the vestibular nerve
- Removing part of your inner ear (this is called a labyrinthectomy).

Not much good research has looked at surgery for Ménière's disease. One summary of the research found only two small studies, which both looked at draining the endolymphatic sac. The researchers concluded that there's not yet enough good research to say whether any of these operations can help. ^[44]

All operations have risks. Some operations for Ménière's disease cause permanent hearing loss in the ear that's being operated on. ^[20] Make sure you talk to your doctor and get a good idea of both the risks and benefits of surgery before you make a decision.

Further informations:

Do I have Ménière's disease?

Some doctors use this table as a guide to diagnosing Ménière's disease. ^{[6] [7] [8]} It shows what combinations of symptoms suggest that you either definitely, probably, or possibly have the disease. But there are also other medical conditions that can cause dizziness or loss of hearing. So your doctor may want to ask you questions or do tests before deciding whether you have Ménière's disease.

Symptom	Definitely have Ménière's	Probably have Ménière's	Possibly have Ménière's	Possibly have Ménière's
Vertigo (dizziness, as if you're spinning or the room is spinning) lasting 20 minutes or more	Twice or more	Once	Yes	No
Hearing loss that comes from a problem in the inner ear (from a hearing test)	Yes	Yes	No	Yes (plus balance problems)
Tinnitus (ringing in the ears) or fullness in one or both ears	Yes	Yes	No	No
No other cause for your symptoms	Yes	Yes	Yes	Yes

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Glossary:

lymph

Lymph is a clear or whitish liquid that flows throughout your body through the lymphatic vessels and lymph nodes (also called lymph glands). Lymph contains proteins and fats, some red blood cells and many white blood cells (especially lymphocytes). Lymphocytes help your body fight infection.

infection

You get an infection when bacteria, a fungus, or a virus get into a part of your body where it shouldn't be. For example, an infection in your nose and airways causes the common cold. An infection in your skin can cause rashes such as athlete's foot. The organisms that cause infections are so tiny that you can't see them without a microscope.

anaemia

Anaemia is when you have too few red blood cells. Anaemia can make you get tired and breathless easily. It can also make you look pale. Anaemia can be caused by a number of different things, including problems with your diet, blood loss and some diseases.

MRI scan

A magnetic resonance imaging (MRI) machine uses a magnetic field to create detailed pictures of the inside of your body.

X-ray

X-rays are pictures taken of the inside of your body. They are made by passing small amounts of radiation through your body and then onto film.

general anaesthetic

You may have a type of medicine called a general anaesthetic when you have surgery. It is given to make you unconscious so you don't feel pain when you have surgery.

diuretics

Diuretics are a type of medicine that reduce the amount of fluid in your body. The extra fluid is removed in your urine.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

antibiotics

These medicines are used to help your immune system fight infection. There are a number of different types of antibiotics that work in different ways to get rid of bacteria, parasites, and other infectious agents. Antibiotics do not work against viruses.

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