

Ménière Disease Treatment Guidelines

Ménière disease (MD) is an inner ear disorder that affects hearing and balance. It is characterized by recurring episodes of vertigo, tinnitus (ringing in the ears), and fluctuating hearing loss. This treatment guideline handout is adapted from the American Academy of Otolaryngology-Head and Neck Surgery's Clinical Practice Guideline for Ménière's Disease. It aims to provide an overview of the recommended treatment options for those diagnosed with MD.

Symptomatic management of vertigo

- For patients with MD, it is only during an acute episode of vertigo that a limited course of treatment with vestibular suppressants is recommended.
 - The recommended vestibular suppressants are first-generation antihistamines, anticholinergics, and benzodiazepines.
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Symptom reduction and prevention

- Provide patient education on adjustments to diet and lifestyle modifications to reduce or prevent symptoms of MD.
 - Some causes of MD can be related to allergies, stress, or the consumption of too much salt and caffeine, all of which can be modified.
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Oral pharmacotherapy for maintenance

- Diuretics and/or betahistine are options that can be offered as an ongoing treatment to decrease or prevent MD symptoms.
 - This maintenance therapy is not intended to eliminate symptoms during an acute episode of MD. It is instead intended for those patients with chronic, ongoing MD symptoms.
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Positive pressure therapy

- Positive pressure therapy for MD is not recommended.
 - Positive pressure devices, which operate with small pressure pulses via an earpiece placed in the external ear canal, should be avoided.
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Intratympanic (IT) steroid therapy

- When noninvasive therapy is unsuccessful, IT steroids can be offered to patients by a provider who is experienced in this treatment.

- MethylPREDNISolone and dexamethasone are the more frequently used steroids for this treatment, and both have minimal side effects and complications.
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Intratympanic gentamicin therapy

- When noninvasive therapy is unsuccessful, IT gentamicin is recommended for patients if it is administered by a provider who is experienced in this treatment.
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Surgical ablative therapy

- When patients with active MD have nonfunctioning hearing and have failed other less invasive therapy, a labyrinthectomy performed by a qualified provider is recommended.
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Vestibular therapy for chronic imbalance

- For patients with MD and chronic imbalance who suffer from interictal unsteadiness following ablative therapy either with medication or labyrinthectomy, vestibular physiotherapy is recommended.
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Vestibular therapy for acute vertigo

- Vestibular physiotherapy is not recommended for managing episodes of acute vertigo in patients with MD since the benefits are unproven.
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Counseling for amplification and hearing assistive technology

- Providers should offer guidance on the use of hearing aids and amplification devices for those patients with MD and hearing loss.
 - Possible use of hearing aid devices requires a shared decision-making process, which in turn gives feedback to providers on the benefits of such technology in improving quality of life.
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Reference

Basura, G. J., Adams, M. E., Monfared, A., Schwartz, S. R., Antonelli, P. J., Burkard, R., Bush, M. L., Bykowski, J., Colandrea, M., Derebery, J., Kelly, E. A., Kerber, K. A., Koopman, C. F., Kuch, A. A., Marcolini, E., McKinnon, B. J., Ruckenstein, M. J., Valenzuela, C. V., Vosooney, A., & Walsh, S. A. (2020). Clinical practice guideline: Ménière's disease. *Otolaryngology–Head and Neck Surgery*, 162(2_suppl), S1–S55. <https://doi.org/10.1177/0194599820909438>