

Understanding Mal de Débarquement Syndrome (MdDS)

Mal de Débarquement Syndrome — information for patients

Your clinician has told you that you have, or may have, a condition called Mal de Débarquement Syndrome — often shortened to MdDS. This leaflet explains what MdDS is, why you feel as though you are rocking or swaying, how it is treated, and what you can do to help yourself. Please bring it with you to your follow-up appointment.

What is MdDS?

MdDS — your brain stays 'adapted' to motion after a trip and keeps feeling movement that is not really there.

MdDS — French for 'sickness of disembarkation' — usually begins after a journey involving constant motion, most often a cruise, but sometimes a flight or a long drive. While you travel, your brain naturally adjusts to the motion. In MdDS, that adjustment does not switch off when the journey ends, so your brain keeps producing a feeling of movement even when you are perfectly still. The important point is that the problem lies in how the brain has adapted — not in your ears, which are working normally. In some people MdDS begins without any obvious trigger; this is called spontaneous-onset MdDS.

What are the symptoms?

- A constant feeling of rocking, swaying or bobbing — many people say it is like 'still being on a boat' or 'walking on a trampoline'. It is not a spinning sensation.
- The feeling is usually there most days, and often eases for a while when you are moving — for example being driven in a car, or travelling by plane or train — then returns when you stop.
- Moving about under your own power, such as walking, does not relieve it and can sometimes make it worse.
- Nausea is usually mild or absent, and your hearing is not affected.
- Many people also feel tired, mentally 'foggy', unsteady on their feet, sensitive to busy visual places such as supermarkets, and anxious or low in mood. These are a recognised part of the condition.

How is MdDS diagnosed?

There is no single test that diagnoses MdDS. Your clinician makes the diagnosis from the pattern of your symptoms — in particular the link with recent travel and the way motion temporarily relieves the rocking. Hearing and balance tests are usually done, and in MdDS they are expected to be normal; a normal result actually helps to confirm the diagnosis rather than being a disappointment. An MRI brain scan is usually arranged early in the work-up to rule out other causes of similar symptoms — this is a routine precaution rather than because anything specific is suspected.

How is MdDS treated?

Treatment combines retraining the balance system with managing symptoms. Most people gain the greatest benefit from understanding the condition and from specialist retraining.

- **Step 1 — Understanding and reassurance:** knowing that this is a 'stuck' balance setting your brain can relearn — not damage and not dangerous — is itself an important part of getting better.
- **Step 2 — Specialist retraining (VOR readaptation):** in expert centres, you watch moving visual patterns while gently moving your head. This helps to 'reset' the balance system and is the most effective treatment, helping a majority of patients. Ordinary balance exercises used for other types of dizziness are not suitable for MdDS and can make it worse.
- **Step 3 — Medication:** a low dose of a calming medicine (such as clonazepam) can ease the rocking for some people. If you also have migraine or significant anxiety, treating these conditions helps as well.
- **Step 4 — Other options:** for stubborn symptoms, additional treatments such as gentle brain stimulation (rTMS) are being used in some specialist centres.

What you can do to help yourself

- Keep a simple diary of what makes your symptoms better or worse — it helps both you and your clinician.
- Stay gently active. Try not to avoid movement or busy places completely, as long-term avoidance can make recovery harder.
- Look after your sleep, and manage stress and anxiety — these can amplify the dizziness.
- Do not drive if you feel too unsteady to be safe, and ask your clinician if you are unsure.

What happens over the long term?

MdDS varies from person to person. Some shorter episodes settle by themselves within weeks, while longer-lasting symptoms are less likely to clear up on their own and benefit from treatment — which is why seeking help early matters. With specialist retraining, most people improve a great deal, though some are left with mild symptoms they can manage day to day. One important point to know: another long trip, especially a cruise, can bring MdDS back, and repeat episodes may last longer. If you travel again, plan ahead and seek treatment early if symptoms return.

Reducing the impact of MdDS on your life

- Tell family, friends and work what MdDS is and how it affects you.
- Plan ahead before future cruises or long trips, and have a plan to seek early treatment if symptoms come back.
- Treat migraine and anxiety actively — both can make MdDS worse.
- Keep your follow-up appointments so your progress can be tracked and your treatment adjusted.
- Ask your clinician about specialist VOR readaptation therapy if it has not already been offered.