

Australian Dizziness Clinics

PATIENT INFORMATION LEAFLET

Ménière's Disease — What You Need to Know

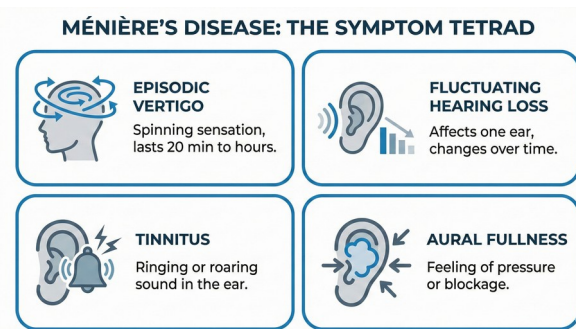
Understanding your condition and your treatment plan.

What is Ménière's Disease?

Ménière's disease is a long-term inner-ear condition that causes attacks of vertigo (spinning), fluctuating hearing loss, ringing in the ear (tinnitus), and a feeling of fullness or pressure in one ear. The cause is too much fluid in the delicate balance and hearing chambers of one inner ear — a pressure problem, not a stroke or anything sinister.

Attacks come and go. During an attack you may feel violent spinning for 20 minutes to several hours, often with nausea. Between attacks most people feel well, although the hearing in the affected ear may slowly change over time.

Ménière's is treatable. Around 4 in 5 patients get good attack control with simple lifestyle measures and tablets. A small number need stronger treatment in clinic; surgery is rarely needed.



The four classic symptoms of Ménière's disease — vertigo, hearing loss, tinnitus, and aural fullness.

► The Phases — What to Expect Over Time

Phase	How you feel	What's happening / what we do
Attack	Sudden violent spinning lasting 20 min to several hours, often with nausea and vomiting. Hearing muffles, roaring sound louder, blocked ear.	Fluid pressure inside the inner ear has peaked. Sit or lie safely, take rescue medication, wait it out. Do not drive.
Between attacks	Most people feel well. Hearing may stay slightly muffled in the affected ear for a few days after a bad attack.	Pressure has eased. This is the time to do the lifestyle work that reduces the next attack — low salt, less caffeine, regular sleep.
Long term	Attacks usually become less frequent over years. Some hearing loss may build up gradually.	Many patients are largely attack-free 10–20 years on. Hearing aids help if hearing changes; tell us about any anxiety — common and treatable.

► Your Management Plan

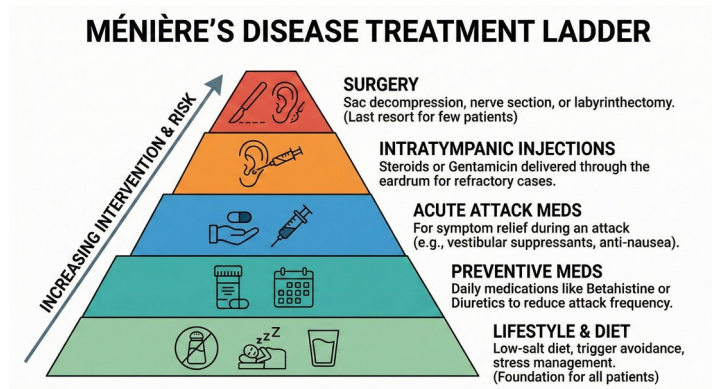
✓ DO — Things that help recovery	✗ DON'T — Things that slow recovery
<ul style="list-style-type: none"> Reduce salt — aim for less than 2 g sodium per day. The single most effective lifestyle change. 	<ul style="list-style-type: none"> Drive while you are in an active attack or feel unsteady after one — wait 24 hours.
<ul style="list-style-type: none"> Limit caffeine (≤1 coffee/day) and limit alcohol — both can trigger attacks. 	<ul style="list-style-type: none"> Use vestibular suppressants daily — they are for attacks, not background use.
<ul style="list-style-type: none"> Keep a regular sleep schedule and manage stress — both 	<ul style="list-style-type: none"> Ignore the lifestyle measures — they are the foundation of

Australian Dizziness Clinics

reduce attack frequency.	attack control.
<ul style="list-style-type: none"> Take your tablets as prescribed (often betahistine); take with food. 	<ul style="list-style-type: none"> Add salt at the table, eat ready-meals or processed foods regularly — all high in salt.
<ul style="list-style-type: none"> During an attack sit or lie down safely, take rescue medication, wait it out. 	<ul style="list-style-type: none"> Stop your tablets without telling your clinician.
<ul style="list-style-type: none"> Tell your clinician about any new hearing change — hearing aids can help significantly. 	<ul style="list-style-type: none"> Panic about hearing aids — they make a real difference and are much smaller now.

► **Your Medications — What They Do**

Medication	Purpose	Important rule
Betahistine	Reduces attack frequency over weeks to months. The standard tablet for Ménière's.	Take with food, regularly — works best over 3+ months.
Anti-emetic / suppressant (ondansetron, prochlorperazine)	Short rescue use during a severe attack only — controls nausea and spinning.	Use only during attacks. Daily use slows long-term adaptation.
Intratympanic injection (steroid or gentamicin)	Stronger treatment in clinic when attacks continue despite tablets.	Discussed with your vestibular physician if first-line options are not enough.



Ménière's treatment is a stepped pyramid — most patients need only the bottom two steps (lifestyle plus tablets).

Go to Emergency if You Have:

- Double vision, slurred speech or difficulty swallowing — could suggest stroke.
- Sudden complete hearing loss in either ear — needs urgent investigation.
- Severe new headache unlike anything before, or weakness/numbness.
- An attack that does not settle within 24 hours despite rescue medication.

Your Outlook — The Good News

- Around 4 in 5 patients get good attack control with simple lifestyle measures and tablets.
- Attacks usually become less frequent over the years — many are largely attack-free at 10–20 years.
- Ménière's is not a stroke, not a tumour, and is not life-threatening.
- Hearing aids work well if hearing changes, and anxiety from attacks is common and treatable.