

GP ADVICE SHEET - MENIERE'S DISEASE

Meniere's disease is a diagnosis of exclusion for the symptom triad:

- rotatory vertigo (lasting 24 minutes to 24 hours)
- low frequency sensori-neural hearing loss
- low frequency tinnitus

All symptoms are typically intermittent and fluctuating, and can be progressive. They do not necessarily have to occur at the same time but two or more episodes are required for the diagnosis.

Management:

(See vertigo and tinnitus guidelines for diagnosis and management of other possible causes of symptoms)

- Take detailed history of symptoms and perform full neuro-otological examination
- CBC, ESR, renal function, TPHA/RPR, +/- kD 68 IE antigen
- Obtain pure tone audiogram [*Private referral (\$70-75, 1 hour appointment) strongly recommended as public capacity is limited and waiting time is several months*]
- Dietary advice ("inner ear diet"): eliminate or minimise smoking, caffeine, alcohol and salt
- Add diuretic (bendrofluazide or frusemide in usual anti-hypertensive doses)
- Add betahistine 16mg BD titrating up or down as required (max. 24mg TDS)
- D/W ENT specialist or refer to OPD if significant symptoms and failed medical management

Information required in referral letter:

To help identify those patients with particularly severe conditions who warrant more urgent attention could you please ensure the following information is included in your letter:

- onset (sudden or gradual)?
- duration (of total period of symptomatology and of each episode)?
- severity?
- character of vertigo (rotatory or light-headed)?
- any known precipitants (eg. posture, anxiety, dietary)?
- hearing loss? (enclose result of audiogram)
- aural discharge?
- earache?
- appearance of TMs (remove wax if necessary) and ME space (?effusion/mass)
- signs of raised intra-cranial pressure or other neurological disease?