CONDITION

Meniere disease

Meniere disease is an inner-ear condition causing repeated vertigo, hearing changes, tinnitus, and ear pressure.

WHAT IT IS
Long-term inner-ear condition affecting hearing and balance

BODY SYSTEM
Inner ear and balance system

MAIN SYMPTOMS
Vertigo, fluctuating hearing loss, tinnitus, ear pressure

WHAT CAUSES IT
Inner-ear fluid changes; underlying cause often unknown

HOW IT IS DIAGNOSED
Symptom pattern, hearing tests, and exclusion of other causes

MAIN TREATMENT
Symptom medicines, hearing support, rehabilitation, and specialist procedures

CAN IT BE CURED?
No - symptoms can often be managed

IS IT AN EMERGENCY?
Sometimes - with stroke signs or sudden hearing loss

LONG-TERM OUTLOOK
Vertigo often lessens, but hearing loss may progress

Overview

Meniere disease is a long-term condition of the inner ear. The inner ear contains structures that control hearing and balance. When they do not work normally, you may have attacks of spinning dizziness called vertigo, together with hearing changes, ringing or other sounds in the ear, and a feeling of pressure or fullness.

Attacks usually affect one ear at first, although both ears can become involved. Symptoms often come and go. You may feel well between attacks, or you may continue to have tinnitus, hearing loss, or mild unsteadiness.

The condition is linked to an abnormal buildup of fluid in the inner ear, known as endolymphatic hydrops. This finding does not fully explain why Meniere disease develops or why attacks occur.

Meniere disease matters because unpredictable vertigo can affect driving, work, sleep, and the risk of falling. Hearing loss and tinnitus may also become persistent. Treatment cannot remove the condition, but it can reduce the effect of symptoms and help protect your independence.

Symptoms

The main feature is repeated attacks of vertigo. Vertigo feels as though you or the space around you is spinning or moving. An attack may also cause nausea, vomiting, sweating, and difficulty walking.

For a diagnosis of definite Meniere disease, vertigo episodes usually last from 20 minutes to 12 hours. A person may have several attacks close together and then go weeks, months, or longer without one.

Ear symptoms commonly include:

Hearing loss usually affects lower-pitched sounds early in the condition and may improve between attacks. Over time, it can become more permanent and affect a wider range of sounds.

Some people remain unsteady or tired after the spinning has stopped. A sudden fall without losing consciousness can occasionally occur. This is sometimes called a drop attack and can cause injury.

Vertigo has many possible causes. Brief dizziness triggered by turning in bed is more typical of benign paroxysmal positional vertigo, or BPPV. Migraine can also cause vertigo, sometimes without a headache. These conditions can resemble Meniere disease and need different management.

- Hearing that becomes worse before or during an attack
- Tinnitus, such as ringing, buzzing, roaring, or humming
- Pressure, blockage, or fullness in the affected ear
- Sound distortion or discomfort with loud sounds

Causes and risk factors

Meniere disease involves changes in the pressure and amount of fluid inside the inner ear. The precise cause of these changes is usually unknown.

Several processes may contribute, including abnormal fluid drainage, immune activity,

infection, or genetic susceptibility. These are possible explanations rather than a single proven cause.

The condition can sometimes run in families, but most people diagnosed with it do not have a clear inherited pattern. Having a relative with Meniere disease does not mean that you will develop it.

Stress, poor sleep, particular foods, alcohol, caffeine, or changes in routine are sometimes reported before attacks. These may influence symptoms for some people, but they have not been shown to be the underlying cause. A trigger diary can help identify a personal pattern without requiring you to avoid foods unnecessarily.

Diagnosis

There is no single blood test or scan that confirms Meniere disease. Diagnosis is based on the pattern of attacks, a hearing test, and an assessment for other conditions.

A clinician will ask how long the vertigo lasts, how often it happens, and whether hearing, tinnitus, or ear pressure changes around the same time. Details such as headache, visual symptoms, fainting, weakness, or dizziness caused by head movement can point toward another explanation.

An audiogram is an important part of the assessment. This is a hearing test that measures the quietest sounds you can hear at different pitches. Definite Meniere disease requires documented sensorineural hearing loss, meaning hearing loss caused by the inner ear or hearing nerve.

You may also have an examination of your ears, eye movements, balance, and nervous system. Balance tests can describe how the inner ears are working, but they do not confirm Meniere disease by themselves.

MRI may be offered when hearing loss is unequal between the ears or when symptoms could have another cause. It can help exclude uncommon problems affecting the hearing and balance nerve, such as a vestibular schwannoma. Blood tests may be used when another medical condition is suspected, but there is no specific blood test for Meniere disease.

Diagnosis can take time because symptoms fluctuate and other conditions can look similar. Keeping a record of attack length, ear symptoms, headache, and possible triggers can make the pattern clearer.

Treatment and management

Treatment aims to make attacks safer and less distressing, reduce future symptoms where possible, and support hearing and balance. The right approach depends on how often attacks occur, their effect on your life, and how much useful hearing remains.

During a vertigo attack, it may help to sit or lie still in a safe place and avoid walking without support. A clinician may prescribe a short course of medicine to reduce vertigo, nausea, or vomiting. Medicines that suppress the balance system are generally intended for attacks rather than continuous use, because regular use can interfere with the brain's adjustment to balance changes.

For prevention between attacks, clinicians may discuss a diuretic like furosemide or hydrochlorothiazide , which changes how the body handles salt and water, or betahistine, a medicine used for vertigo in some countries. Evidence about how well these medicines prevent Meniere attacks remains uncertain. Their availability and suitability differ between people and health systems.

Some people try reducing salt, caffeine, or alcohol. Research has not established one diet that works for everyone. Large, abrupt changes are not usually necessary. A symptom diary may help you make focused changes with professional support.

If attacks continue despite non-surgical care, an ear, nose, and throat specialist may offer treatment through the eardrum:

Surgery may be considered for severe, disabling vertigo that has not improved with other treatment. Some procedures aim to preserve hearing, while others deliberately stop balance function in the affected ear and may sacrifice remaining hearing. A specialist should explain the likely benefits and trade-offs.

Hearing aids can improve communication when hearing loss persists. Tinnitus support, sound therapy, and communication strategies may also help. Vestibular rehabilitation uses guided exercises to improve long-term imbalance, although it is not intended to stop an active vertigo attack.

- Steroid injections aim to reduce vertigo while preserving hearing
- Gentamicin injections reduce balance signals from the treated ear but can worsen hearing

Complications

Repeated vertigo can lead to falls, injuries, missed work, and limits on driving or operating machinery. Vomiting during a prolonged attack can cause dehydration.

Hearing loss may become permanent. This can make speech harder to understand, especially

in background noise, and may increase the effort needed for conversations. Tinnitus and sensitivity to sound may continue even when vertigo is controlled.

Unpredictable attacks can contribute to anxiety, low mood, or avoidance of travel and social activities. These effects are part of the condition's health impact and can be addressed with practical support, hearing care, and mental health treatment when needed.

Rare drop attacks can cause sudden falls without warning. They do not usually cause loss of consciousness, but they need prompt specialist review because of the risk of injury and because fainting, heart problems, or neurological conditions can also cause falls.

Prevention

There is no proven way to prevent Meniere disease from developing. Its cause is not well enough understood, and inherited susceptibility cannot be changed.

Once symptoms begin, treatment may reduce attacks, but no preventive strategy works for everyone. A diary can help identify whether attacks repeatedly follow a particular factor, such as missed sleep or alcohol. Avoiding many foods without a clear pattern can make eating unnecessarily difficult.

You can reduce harm during attacks by planning where to sit or lie down, keeping walking aids nearby if advised, and avoiding driving when you feel an attack starting. Follow local driving rules, particularly if your vertigo is sudden or unpredictable.

Living with it and what to expect

Meniere disease often changes over months and years. Attacks may arrive in clusters followed by long quiet periods. Their timing is difficult to predict, and a temporary improvement does not always mean that the condition has ended.

For many people, severe vertigo becomes less frequent over time. Hearing loss, tinnitus, and imbalance may remain or gradually become more noticeable. This pattern is not certain for any one person, and symptoms can affect the second ear.

Between attacks, many people continue working, travelling, exercising, and caring for family. Planning can make unpredictable symptoms easier to manage. This may include telling trusted people what an attack looks like, carrying prescribed attack medicine, and arranging a safe way home.

At work or school, useful adjustments may include seating away from noise, written

information, flexible breaks, or time to recover after attacks. Hearing aids, assistive listening devices, and captions can reduce communication difficulties.

Regular follow-up is useful when hearing changes, attacks become more frequent, or treatment affects daily life. Repeat hearing tests can track changes and guide hearing support. Persistent imbalance may improve with vestibular rehabilitation rather than medicines that suppress balance signals.

When to get medical help

Arrange a routine medical appointment if you have repeated vertigo, fluctuating hearing, one-sided tinnitus, or ear pressure. These symptoms do not automatically mean Meniere disease, but they should be assessed.

Seek prompt medical advice if your established symptoms change significantly, attacks become more frequent, you fall, or vomiting makes it difficult to keep fluids down. New sudden hearing loss in one or both ears needs urgent, same-day assessment because early treatment may matter.

Call emergency services for vertigo accompanied by possible stroke or another serious neurological problem, including:

Do not assume that a new or unusually severe episode is Meniere disease simply because you have had vertigo before.

- New facial drooping, arm or leg weakness, or numbness
- New trouble speaking, understanding speech, or swallowing
- Double vision, severe loss of coordination, or inability to stand
- A sudden severe headache unlike your usual headaches
- Fainting, chest pain, or a serious injury from a fall

Common questions

Is Meniere disease the same as ordinary dizziness?

No. Dizziness can mean light-headedness, faintness, imbalance, or spinning. Meniere disease causes distinct episodes of vertigo together with hearing or other ear symptoms. Many more common conditions can cause dizziness without Meniere disease.

Can Meniere disease go away?

There is no established cure. Long symptom-free periods can occur, and vertigo often becomes less troublesome over time. Hearing loss or tinnitus may remain, so ongoing hearing and balance support can still be important.

What foods should I avoid with Meniere disease?

There is no single proven Meniere diet. Some people report links with salt, caffeine, or alcohol, but responses differ and research evidence is limited. Recording symptoms before making focused changes may be more useful than following a highly restrictive diet.

Can I drive if I have Meniere disease?

Sudden, disabling vertigo can make driving unsafe. Do not drive during symptoms or when you feel an attack beginning. Licensing and reporting rules differ by location, so check the rules that apply where you live and discuss unpredictable attacks at follow-up.

Does Meniere disease cause permanent hearing loss?

It can. Hearing may fluctuate and recover early on, but repeated inner-ear damage can lead to lasting hearing loss. Regular hearing tests, hearing aids, and communication support can help if this occurs.

Is Meniere disease caused by stress?

Stress is not considered the main cause. Some people notice more attacks during stressful periods, possibly because stress affects sleep, routines, and symptom awareness. Stress management may support well-being, but it does not remove the underlying inner-ear condition.

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