

McLaren Print System Order

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MENIERE'S DISEASE

Overview
 Meniere's disease is a syndrome in which you experience episodes of spinning vertigo (sense of room spinning), hearing loss, tinnitus (ringing in the ear), and fullness or pressure in the ear or ears. Between the unpredictable attacks, you usually do not have any problems or symptoms of the disease. The syndrome is most likely related to a fluid imbalance in the inner ear, or problems with salt-water homeostasis (body fluid equilibrium).

The diagnosis of the disease is usually based on a careful history and physical examination by an ear specialist, but other tests may be needed for a definitive diagnosis and to plan treatment options.

Meniere's disease affects people of all ages, genders, and races. It is most common in middle age and older, uncommon in children.

Causes
 The inner ears of patients with Meniere's disease show dilation of one of the two fluid spaces in the inner ear; however, the cause of this fluid balance is unknown. Previous ear injury, heredity, autoimmunity, and allergy have all been suggested but not definitively proven as the underlying cause. It may actually be a different source in different people that manifests as the same set of symptoms.

Symptoms
 Warning symptoms such as fullness or pressure in one ear may come before an acute episode, or attacks may occur spontaneously.

- **Common symptoms:**
 - Fluctuating hearing loss with distortion of sounds and difficulty with understanding speech
 - Ringing in the affected ear (tinnitus)
 - A sense of room spinning (vertigo)
 - A cold, warm, swollen, and stinging or generalized weakness during the attack
- The episodes usually last from one to a few hours, depending on the severity of the disease
- Recurrence of the attacks is a cardinal feature of Meniere's disease. Attacks often come in clusters with long periods in between. The timing and interval between attacks is unpredictable
- Early in the disease, the symptoms usually go away in several hours, but hearing loss may take a day or more to return to normal. Hearing loss can become permanent and may lead to intolerance of any loud noises

Treatment

- Self-Care at Home**
 The best way to manage an attack at home is to minimize the symptoms
- Lie in a dark room with your eyes closed
 - Try medications prescribed by your doctor—medications used to help treat anxiety (Valium, Ativan) and/or motion sickness (Lamontil) can be useful to help shorten and decrease the severity of the symptoms
 - If any of these measures do not help during an attack, seek further medical evaluation for additional testing and treatment options and rule out any additional potential diseases

Medical Prevention
 No measures will completely prevent Meniere's disease, but you can take measures to avoid or minimize attacks and consequences.

- Low-salt diet—less than 2 grams of sodium daily. Avoid canned foods, smoked meats and fish, pizza, etc
- The following should also be avoided or consumed cautiously, monitoring for increased symptoms:
 - Caffeine
 - Tobacco
 - Nicotine
 - Foods high in cholesterol or triglycerides
 - Foods with high carbohydrates
 - Excessive sweets and candy
 - Chocolate
 - Alcohol, particularly red wine and beer
- Avoid exposure to loud noises
- Manage stress as much as possible (see for a trigger)
- Use caution at home and on the job to avoid falls if you should feel dizzy
- Use of blood pressure medications can affect disease