



NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF MÉNIÈRE'S DISEASE

Quick guide

Consider offering vestibular rehabilitation to patients with Ménière's disease.

Weak recommendation

The evidence for the recommendation is based on two studies. In one study, a leaflet with recommendations for daily exercises was handed out. In the other study virtual reality glasses were handed out. In Denmark, exercises for better balance are usually recommended, possibly in collaboration with a physiotherapist with specific knowledge of the field.

Vestibular rehabilitation is not a treatment of the disease, but plays an important role in alleviating some of the consequences of the disease such as chronic imbalance and fear of moving.

Vestibular rehabilitation should take place during a stable disease phase.

It is good practice to consider psychological treatment for patients with Ménière's disease.

Good practice

Where possible, assessment and treatment should be performed by authorised professionals with specific experience and knowledge of Ménière's disease – and in an interdisciplinary framework.

It is good practice to consider tympanostomy tube placement for patients with Ménière's disease

Good practice

Betahistine should not be used routinely for patients with Ménière's disease, since the beneficial effect is uncertain.

Weak recommendation **AGAINST**

If betahistine is offered to patients with Ménière's disease anyway, a plan for discontinuation on a trial basis should be in place already when initiating treatment.

It is not good practice to offer treatment with thiazide diuretics on a routine basis.

Good practice

However, the treatment may be initiated upon due consideration. If so, it is recommended to discontinue the diuretics on a trial basis after a while to assess the treatment efficacy.

Use of diuretics is widespread in several other countries. However, this treatment is generally not used in Denmark.



Consider offering positive pressure therapy to patients with Ménière's disease.

Weak recommendation

Due to the weak evidence, discontinuation on a trial basis after a treatment period should be planned for with the patient to assess the treatment efficacy.

Consider offering treatment with intratympanic steroids to patients with Ménière's disease if previous treatment interventions have shown no efficacy.

Weak recommendation

The treating doctor should be aware that the intervention is not indicated for the treatment of Ménière's disease in accordance with the current summary of product characteristics and therefore is off-label.

Use of intratympanic steroids may be considered if other treatments have shown lack of efficacy.

Consider offering treatment with intratympanic gentamicin to patients with Ménière's disease if other treatments have shown lack of efficacy.

Weak recommendation

A risk of permanent hearing loss should be considered prior to deciding to initiate treatment with intratympanic gentamicin.

The treating doctor should be aware that the intervention is not indicated for the treatment of Ménière's disease in accordance with the current summary of product characteristics and therefore is off-label.

Use of intratympanic gentamicin may be considered if other treatments have shown lack of efficacy or in case of severely disabling Tumarkin drop attacks. Consider offering vestibular rehabilitation during treatment with intratympanic gentamicin.

Preferably, vestibular rehabilitation may be initiated prior to starting intratympanic gentamicin.

Endolymphatic sac surgery should only be used in patients with Ménière's disease upon due consideration.

Weak recommendation AGAINST

The evidence for this recommendation is based on older Danish studies concerning endolymphatic shunt surgery in which this surgery had no positive effect vs. placebo.

A recent study compared endolymphatic clipping with endolymphatic sac decompression and found a positive effect of endolymphatic clipping. Since the study was not placebo-controlled, it is not used as evidence basis for this answer.



About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the treatment of Ménière's disease. The guideline was prepared by the DHA.

The national clinical guideline focuses on the treatment of individuals with either diagnosed or probable Ménière's disease. The guideline contains recommendations for pharmacological as well as therapeutic and surgical treatment of individuals with Ménière's disease.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

Further information at [sst.dk](http://www.sst.dk)

At the Danish Health Authority's website (www.sst.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the national clinical guidelines to be prepared by the DHA during the period 2017-2020.

Further information about the choice of subjects, method and process is available at www.sst.dk