

Meniere's Disease vs Vestibular Migraine

Vestibular disorders are the most common cause of dizziness across one's lifespan. Meniere's Disease and Vestibular Migraines (aka migrainous associated vertigo) are two common vestibular disorders, but these two conditions can be a challenge to both diagnose and treat. To help you understand them more please refer to the outline below.

	Meniere's Disease	Vestibular Migraines
Diagnostic Criteria	<p>A) Two or more spontaneous attacks of vertigo, each lasting 20 minutes to 12 hours.</p> <p>B) Audiometrically documented fluctuating low to midfrequency sensorineural hearing loss in the affected ear on at least 1 occasion before, during, or after 1 of the episodes of vertigo.</p> <p>C) Fluctuating aural symptoms (hearing loss, tinnitus, or fullness) in the affected ear.</p> <p>D) Other causes excluded by other tests.</p>	<p>A) At least five episodes fulfilling criteria C and D.</p> <p>B) Current or past history of Migraine without aura or Migraine with aura.</p> <p>C) Vestibular symptoms of moderate or severe intensity, typically lasting between 5 minutes and 72 hours.</p> <p>D) At least half of episodes are associated with at least one of the following three migrainous features:</p> <ol style="list-style-type: none"> headache with at least two of the following four characteristics: <ol style="list-style-type: none"> unilateral location pulsating quality moderate or severe intensity aggravation by routine physical activity photophobia and phonophobia visual aura <p>E) Not better accounted for by another ICHD-3 diagnosis or by another vestibular disorder.</p>
Treatment	<ol style="list-style-type: none"> Referral to otolaryngology and vestibular therapy. Review and monitor: <ol style="list-style-type: none"> Dietary guidelines. Stress management. Allergy testing & management. The need for regular exercise. Sleep hygiene. Consider vestibular suppressants or a diuretic with symptomatic patients. Educate re natural history (permanent hearing loss, impaired vestibular function, and ongoing tinnitus). 	<ol style="list-style-type: none"> Referral to neurology and vestibular therapy. Review and monitor: <ol style="list-style-type: none"> How certain foods, hormonal changes, poor sleep, stress, medication, weather changes, lighting, smells, and sounds can trigger the symptoms. Sleep hygiene. Stress management. The need for regular exercise. Pharmacological options for symptom management. May need manual therapy to the neck to address any secondary cervicogenic findings.
Comments	Most commonly starts between 40-70 years of age.	Can start in childhood and is more frequent in females of childbearing age.

Note: These two conditions take time to diagnose and not all patients respond the same, so being patient is key. To make things more complicated, migraine is more common in patients with Meniere's disease than in healthy controls, so a person can actually have both conditions.

We hope that this clarifies the two types of conditions that can cause dizziness. If you require further information or clarification, please feel free to reach out to us at 306.343.7776.

References:

- Basura, et al. Clinical Practice Guideline: Meniere's Disease. Otolaryngology–Head and Neck Surgery. 2020. 162(2S): S1-S5
- IHS Classification ICHD-3 - 2021 International Headache Society.

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