

# Travel and Vertigo

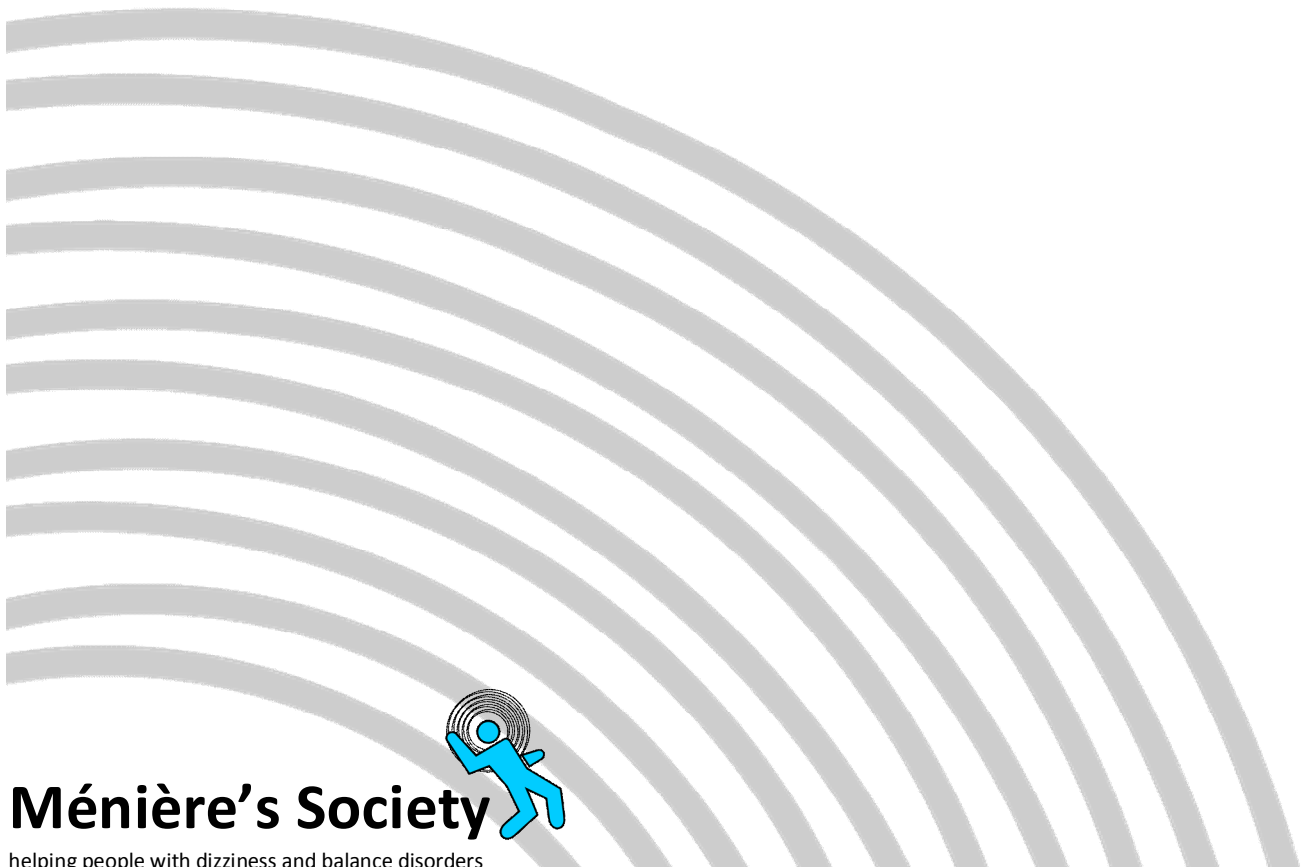
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**Ménière's Society**

helping people with dizziness and balance disorders

## About the Ménière's Society

The Ménière's Society is the only registered charity in the UK dedicated solely to supporting people with vestibular disorders causing dizziness and imbalance. The Society provides information to patients and their carers, health professionals and the general public. Members are from all over the UK, with a small number overseas. The Society was founded in 1984 and acquired charitable status in 1987.

**Vestibular disorders:** There are a number of vestibular disorders, including BPPV, endolymphatic hydrops, labyrinthitis, Meniere's; migraine-associated vertigo; ototoxicity; perilymph fistula; superior semicircular canal dehiscence and vestibular neuritis. This booklet covers some of these conditions. For further information, please contact us (contact details on back cover) or go to [menieres.org.uk](http://menieres.org.uk).

**Helping patients:** With over 30 years' experience providing information to those affected by vestibular disorders, the Ménière's Society helps people source specialists in their local area, publishes a quarterly magazine, Spin, and factsheets on a variety of subjects. We also provide a telephone information line during working hours. Peer support is also encouraged.

**Working with professionals:** The Ménière's Society maintains an active relationship with researchers and health professionals and provides a welcome source of information for their patients. Authoritative contributions to the Society's publications and magazine, Spin, are welcomed.

**Research:** Where possible the Ménière's Society funds vital research into vestibular disorders. Research supported by the Society includes a Clinical Trial in Refractory Ménière's disease: Transtympanic Gentamicin vs. Transtympanic Steroids (Imperial College, London); Investigating Ménière's disease in the UK Biobank (University of Exeter); Two systematic reviews looking at (1) the prevalence of balance disorders and (2) the use of betahistine for treatment of vertigo (National Hospital for Neurology & Neurosurgery); Identification of rare allelic variants in familial Ménière's disease by whole exome sequencing (University of Granada, Spain).

**Raising funds and awareness:** The Ménière's Society is funded solely through membership fees and donations. Sponsored events such as the British 10k London Run and recent publicity in the national press help increase public awareness of vestibular conditions and the severe challenges they present. Each year, the Meniere's Society holds a Balance Awareness Week in September and Conference in October. In the coming months, increased publicity and awareness opportunities aim to raise the profile of the Ménière's Society and balance disorders among patients and health professionals alike.

## Preparing to travel

Frequent attacks of vertigo, or the uncertainty of when an attack might occur, may make people reluctant to travel. There are a few basic steps which can be taken to make travel a bit easier; whether doing the week's shopping or off on holiday abroad. Stress and tiredness are two of the main factors which can bring on an attack, so plan well ahead. If possible travel with a friend, relative or colleague who understands and knows what to do in the event of an attack. On a longer trip have everything prepared a day or two before leaving so you can rest the day before and get a good night's sleep.

Plan the journey leaving plenty of time for connections, especially between different means of travel. A specific bus service which is run to meet a particular train is a good bet because staff will be aware that people are intending to make a connection. Include adequate rest periods when travelling - whether a comfort break or a whole day off.

If your hearing is poor a 'Hard of hearing, please speak clearly' badge or card can be obtained from some hearing support organisations to alert people to your hearing loss and explain how they can help.

Always pack a little more medication than you think you will need, especially those you only take during dizzy spells or spins, so that if you are delayed for any length of time you won't be stuck without your regular medication. Sometimes, timetables and schedules get changed.

When visiting friends and relatives don't hesitate to tell them you're on a special diet. They would be more embarrassed than you if you couldn't enjoy a meal they'd prepared, simply because it was high in salt. Try to keep your mind occupied and try not to worry about having an attack. Regularly take deep breaths and go through your own personal relaxation regime. Think of something pleasant or listen to relaxing music. On a business trip, if possible, finish your business before you get too tired.

### Walking

If you're just starting to get out and about again keep within a comfortably safe distance of home until you build up your confidence. Go for short, circular walks rather than 'there and back' walks. Walk at your own rate and adjust your pace and step to maintain a comfortable balance while walking. Wear sensible, comfortable low-heeled footwear and use a bag to carry awkward items. If it helps use a walking stick. Folding sticks are available which can be put in a handbag or pocket when not in use.

### Going by car

If you are affected by motion sickness, you may wish to keep some of your medication and sealable plastic bags to hand. The flicker of strong sunlight through shaded trees, or the ripple of fencing or

telegraph poles flashing past can trigger dizziness. Some motoring organisations under their recovery scheme will recover you and your car if you are on your own and taken ill away from home. There are some terms and conditions, but check with your motoring organisation to see if they offer this service.

### Travelling by bus, train or underground

Always sit down if you can, as keeping your balance when the vehicle starts and stops can be difficult. When travelling by bus/coach make sure you get a seat and don't go upstairs on a double decker if you are unsteady. If motion bothers you, be careful getting on and off escalators; keep your eyes in front.

### Air Travel

Most Meniere's sufferers report no difficulty at all with flying, indeed some report feeling better for the experience. When you book your flight or purchase your ticket, notify the airline of your Ménière's. Travel insurance for holidays abroad is a must, however because Ménière's is a pre-existing condition you may well have to pay a higher premium. If you're in doubt about a vertigo attack get an aisle seat; it's away from the view, which could be disorienting, and it's easier to get to the toilets. If noise and vibration are likely to trouble you arrange to have a seat away from the engines. Ask if the airline caters for special diets. Knowing you can eat well in the air will reduce the stress of flying and so reduce the risk of an attack. Once in flight keep your fluid intake up. The air in aircraft is very dry because it is conditioned and you will dehydrate to some degree. Avoid drinking alcohol in flight. It adds to the risk of dehydration and so increases the physical stress of flying. If your main problem when flying is severe ear pain, it is not Ménière's; 13% of people get pressure in the ear when flying.

### Travel by Sea

Some sufferers find just thinking about the motion of a boat or ship almost brings on nausea, others very much enjoy sailing. Consider the length of the trip and the likely sea conditions. Try a short trip first before you arrange a long cruise. Once at sea you might find it less disturbing to stay below deck with a book and avoid the visual effect of seeing the horizon appear to move. If you suffer from sea-sickness try to keep your fluid levels up by drinking water; vomiting significantly lowers your fluid levels.

Travel may be a challenge but don't write it off, even if you just arrange to take a friend with you and go out for the day. You don't have to go far to enjoy yourself. If you find you enjoy a short trip out you can go further next time. Take it one step at a time and enjoy your trip!

# The Travel Bug

While going on a holiday is meant to be fun, travelling can be stressful at times, whether or not you are deaf, have a hearing impairment or chronic disorder of the ear. There are so many things to remember the last thing you need to do is stress about your ears, hearing aids and other concerns, so we have provided some information to help you as you prepare for your trip:

- Ensure your travel agents, transportation staff, tour directors/guides and hotel, etc. are aware of your preferred method of communication in particular to alert you in the event of an emergency.
- Consider carrying printed cards (if travelling overseas, preferably in the languages of countries you intend to visit) explaining politely and simply that your native language is English and that you are deaf or have a hearing impairment and need people to face you and speak clearly, or write messages down for you. Travellers who are either deaf or have a hearing impairment and are also Ménière's sufferers, should have a similar card explaining the symptoms of Ménière's.
- Wait close to staff at departure points so that prompt assistance may be sought if required.
- Take any personal support devices that you will need (e.g. shake-awake alarms; tinnitus maskers).
- Ensure that you know your itinerary and other travel arrangements exactly and that you have a copy of those arrangements other than in your luggage, in case it is lost.
- Be aware of potentially higher traffic, environmental noise and other pollution in some countries.
- Research your intended destination(s) prior to departure to become aware of cultural events and climatic differences that may impact upon you.
- Prior to departure, discuss coping strategies with someone who has similar hearing difficulties or ear disorders to you and who has previously visited the same destination.
- Know how to contact consular officials in countries you intend to visit in case you need assistance to obtain competent medical treatment. Ensure you have adequate health/travel insurance.

## Motion Sickness

Motion sickness during travel occurs when the brain receives conflicting signals about movement. Motion sickness is often triggered by turbulence and vibration and made worse by warmth, anxiety and hunger or overeating. The main symptoms are stomach upset, nausea, vomiting, sweating, and dizziness. Motion sickness can be minimised before and during travel by moderating intake of food, fluids, and alcohol. Fixing the eyes on a stationary object or on the horizon can help, as can lying down and keeping the eyes closed. Other measures include choosing a seat where motion is felt least, refraining from reading, and sitting by an open window or an air vent if possible. A cabin in the middle of a ship close to water level may reduce motion sickness in some people. For severe sufferers of motion

sickness, a scopolamine patch (prescription) or antihistamines may be useful, especially if taken before travel. Many whale watching cruise operators recommend taking motion sickness tablets prior to departure. You should be aware, however, that these drugs can cause drowsiness, light-headedness, and dry mouth and can result in confusion, falls, and other problems in older people.

## Fear of flying

One of the major concerns for people with any sort of ear problems can be flying. Flying can cause pain or discomfort in your ears and temporary hearing loss, even for people with 'normal' hearing. This is usually only while you are in the air and should return to normal after a short time. In unusual cases, the effects can be longer term. If you are anxious about the effects of flying on your ears and worried about flying generally, discuss your fears with your GP. Very rarely they may prescribe tranquillisers. Relaxation and breathing exercises can also be helpful for anxiety in general. If your only worry is that flying may be harmful to your ears, in almost all cases you can go ahead and enjoy your flight. If your reason for flying is to take a holiday, you have something enjoyable and relaxing to look forward to!

Anyone planning air travel, whether you wear hearing aids or not should:

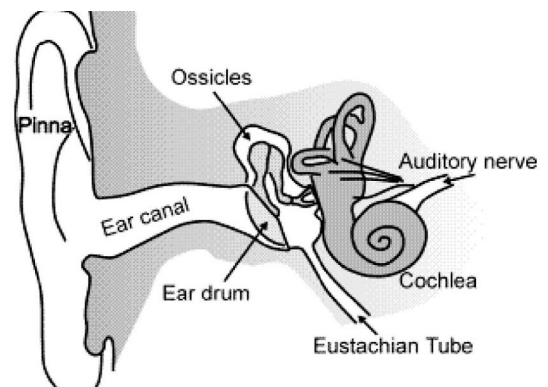
- Consider using earplugs specially designed for air travellers to alter your middle ear 'experience' from an abrupt and possibly painful pressure change during descent, to a more gradual and hopefully pain-free pressure change continuing well after the plane has landed. Earplugs should be removed upon leaving the aircraft. People with sensitive ears and/or those suffering from an upper respiratory tract infection or allergy should consider using these devices. There are both adult and child sizes available. Note that the use of ordinary soft earplugs is not recommended.
- Think about consulting your GP before leaving, to have a general inspection of your ears. If a significant amount of wax is found in the ears, it may be wise to treat that prior to departure, in order to prevent discomfort. Do not attempt to remove the wax yourself.
- Be awake prior to landing since your Eustachian tube does not open as effectively during sleep.
- Swallow regularly during aircraft descents to prevent your ears from blocking. If the problem occurs despite regular swallowing, try pinching your nose between finger and thumb while gently attempting to blow air down your nose with the mouth closed, but without actually releasing any air. Yawn, chew gum or suck on a hard sweet to open your Eustachian tube.
- If possible, book your seat in advance and request a seat in an area of least noise and vibration.
- Babies travelling on airplanes cannot intentionally pop their ears, but may do so if they are sucking on a bottle or pacifier. While landing, it is best to feed your baby and not allow them to sleep.

- Many air travellers with Eustachian tube problems (or a cold) use a decongestant or nasal spray an hour before take-off, and, if necessary, prior to descent. The decongestant acts to shrink the membranes lining the nose and throat, allowing the ears to equalise more easily. When you get a cold or other infection around the nose and throat, the lining of the Eustachian tube is swollen and gets blocked more easily. If you have to travel, ask your GP (family doctor) or local pharmacist for advice. Decongestants reduce inflammation and relieve the blocked sensation.
- Keep swallowing, using a glass of water or another drink, but not alcohol (a dehydrator). Do this regularly; every 15 to 30 seconds if you need to. Make sure you do not get dehydrated.

### What causes ear pain during flight?

Although a commercial aircraft may be flying at over 30,000 feet, the pressure in the cabin is controlled automatically to the equivalent of a height of around 6,500 feet. The main effect of this pressure change is on the middle ear. The middle ear is the part of the ear behind your eardrum, before the cochlea, or tympanic membrane, and it contains the ossicles that conduct sound to the inner ear and nerve of hearing. The middle ear cavity is normally filled with air at the same pressure as the surrounding air. The body is continuously absorbing the air in the middle ear, but each time we swallow or yawn, the Eustachian tubes (running to the back of the nose) opens and allows air to pass into the middle ear cavity equalising the pressure. After the aircraft takes off, the pressure in the aircraft cabin slowly drops. This does not usually cause a problem as the air in the middle ear is at a relatively high pressure and gets blown down the Eustachian tube. Pain or discomfort in your ears and temporary hearing loss during flying results from a difference between the air pressure in the part of your ear called the 'middle ear' and the atmospheric pressure of the plane. (Source: Wikipedia, 2006).

The space in the middle ear is normally filled with air at the same pressure as the surrounding air. Air reaches the middle ear through the Eustachian tube, which connects the middle ear to the back of the nose and throat. The Eustachian tube is closed for 95% of the time and only opens when you swallow or yawn: when this happens the air pressure on either side of the eardrum evens out.



Problems with equalising pressure in the middle ear tend to occur when the aircraft comes down to land. At this time the air in the middle ear is at a lower pressure than the air in the cabin, the Eustachian tube may become blocked and the small muscles in the throat which open it may not be able to do so. The ear drum is pressed inward and tensed resulting in a slight discomfort. People often worry that the

ear drum will be damaged by this pressure change, but it is a very strong fibrous membrane and not easily damaged, certainly not by relatively small and gradual changes in air pressure.

Very occasionally, sudden decompression (drop in air pressure) occurs in the plane. This can affect the inner ear and cause a sudden disturbance in your balance and hearing. This is extremely rare but, if it happens to you, visit a doctor/hospital as quickly as possible to check for damage and to get treatment.

If you develop any ear problems or conditions during or following a flight which do not clear up after a few hours, you should see your GP. In people with pre-existing deafness, often due to reduced nerve function, the small temporary loss of hearing may have very dramatic effects in terms of speech intelligibility. Usually the blockage of the Eustachian tube clears of its own accord after a short time.

If you are worried about your Eustachian function and whether it is normal, it is very easy to check on this by a simple test called “Impedance Audiometry”. These devices are available at all audiology departments, and quickly and objectively measure whether your Eustachian tube is normal, and your middle ear pressure is the same as the surrounding atmosphere. Many people who believe that they have Eustachian obstruction, or middle ear “catarrh” are often surprised to find that their Eustachian tube works quite normally when tested in this way.

### Travelling with hearing aids

- Check/service aids before leaving to ensure they are in good working order
- Take a supply of batteries to last for the duration of your travel
- Take a wax cleaner, air puffer or other cleaning tool with you and use regularly
- Obtain advice before leaving, if travelling to destinations where the climate is likely to be extreme (hot, cold, humid or dry) as to how best to care for your aids/batteries in the relevant conditions
- Consider removing your aids to minimise any discomfort associated with pressure changes during air travel, however, this differs for different people
- Consider insuring your aids against theft, loss or damage while travelling
- Ascertain locations and contact details of service centres for your hearing aids, prior to departure, and determine where you can obtain batteries should you run out whilst away from home.
- Ascertain whether assistive listening devices are available for your use (e.g. hearing loops at accommodation reception facilities, captioning facilities on hotel television sets, and so on).

### Tinnitus and flying

If you have tinnitus, you may find that flying is the one time when you are usually completely free of tinnitus because of the noise made by the engines and airflow around the plane. However, if your



Eustachian tubes are blocked, your tinnitus may seem temporarily louder. It should return to its previous level when your Eustachian tubes become unblocked. If you have tinnitus and hearing loss, you may find straining to hear makes your tinnitus louder when on a plane. If you normally wear hearing aids, you should keep them on during your flight as removing them may make your tinnitus louder and more noticeable. Being anxious about flying may make your tinnitus worse: basic relaxation exercises during the flight may help. In rare instances, engine noise can make your tinnitus worse. If you are worried about the noise of the engines, book ahead and try and get a seat near the front of the plane, away from the engines. Wearable sound generators can help to reduce any discomfort due to loud sounds.

### Chronic disorders of the ear:

If you suffer from any chronic disorder of the ear, you should:

- Take an adequate supply of necessary medications, together with a medical practitioner's certificate verifying the need for all medications (some countries require written medical approval).
- For UK travel advice contact the NHS [www.nhs.uk](http://www.nhs.uk) or Foreign & Commonwealth Office [www.gov.uk](http://www.gov.uk).
- Where possible, preorder special meals if required (for example, salt reduced meals).
- If you suffer from Ménière's take a card explaining the symptoms.
- If you have hyperacusis, take a supply of earplugs for use if the environment is excessively noisy.

### Grommets and flying

Flying is less likely to cause discomfort in a child or adult with a grommet in their ear. The grommet allows air in and out of the ear and reduces the stress on the eardrum that is caused by changes in air pressure in the plane. However, children who have a history of frequent ear infections or have had grommets in the past (but no longer have them) are occasionally at risk of perforation of the eardrum when flying. If you are worried about this ask your GP. If you have perforated eardrums as a result of infection or injury, flying is also less likely to cause discomfort. This is because any change in pressure can even out across the eardrum and does not depend on the Eustachian tube working normally.

### Flying after ear surgery

If you have any kind of ear surgery, check with your ENT consultant when it would be safe for you to fly.

### For Deaf travellers

If sign language is your primary means of communication:

- Be aware that written signs at overseas airports are not always in English.
- Be aware that officials in some countries may not speak or read English, and this may lead to misunderstandings. Do not hesitate to seek assistance where necessary.

- Obtain contact details for deaf community organisations in capital cities, states or countries that you intend to visit, in order that you may access information about interpreters, deaf clubs, etc.

## Cochlear implants

You should check with your health professional for advice pertaining to your own cochlear implant. It is medically recommended to wait six weeks following ear surgery before flying, to ensure that you are able to equalise pressure and avoid a severe earache. When walking through the metal detectors at an airport, switch off the speech processor to avoid hearing a buzz. It will not wipe any programs from the processor. The speech processor has the same classification as a laptop computer, and must be turned off during take-off, landing and whenever the 'Fasten your Seat-belt' sign is on. Although the processor has a dedicated transmitting frequency-band, it can still interfere with sensitive on-board equipment. Hand-held metal detectors should not go above the head as this may damage the implant or speech processor. Have your cochlear implant ID card at hand, and you should also carry with you information on how to contact an audiologist for re-mapping of your devices in case the stored information is lost. Also, consider insuring your devices against loss or damage whilst travelling.

## At the airport

When passing through security screening points you should watch the security personnel carefully to see if you have set off an alarm. Security personnel respond to a beeping sound from the security device, which indicates if you have metal items on your person. You may not hear this beeping – so you must remain alert and responsive when passing through security screening points and should take responsibility for checking with the security guards before proceeding. We have heard of instances where a passenger did not hear the beeping and proceeded through the checkpoint, unaware that they were being asked to stop. Please take responsibility for your safety and that of others by remaining vigilant through this process. It is for your own safety and that of all passengers that security screening takes place. Make sure you regularly check the departure board for flight changes, as you may not hear announcements. Some airports now display captions on the TV sets in their terminals.

## Accommodation

Some hotel registration cards allow guests to identify if they have any special needs. This might include needing assistance in case of an evacuation, such as requiring notification of a fire alarm if the building does not have visual fire alarms. Wording on the guest registration card would be along the lines of 'If you are likely to have any difficulty hearing alarms or evacuating the building in the event of an emergency please tick this box'. We encourage you to volunteer this information when checking in so that your needs are considered. There are occupational health and safety issues associated with

requiring staff to 'go back up' for guests in the case of an emergency: this is operationally and legally a Fire Brigade responsibility.

### More information on travelling overseas

For UK advice visit the Foreign & Commonwealth Office at [www.gov.uk](http://www.gov.uk).

### Everyone is different

While these tips are intended to help make your travel easier, we recognise that everyone is different and what suits one person may not suit another. One Deafness Forum member tells us: 'When travelling, I always wear a badge that says "Please speak clearly, I'm hard of hearing" and it helps me every time I meet a stranger and there are lots of them, particularly at each check-out point at the airport, with customs officials etc. You can't blame anyone if they don't know you are deaf, you need to tell them first each time, and a badge does just that. When you make your flight bookings on the internet, always write in a feedback email to say you are deaf or hearing impaired. This will be printed on your boarding pass at the airport upon arrival. Also after booking your flights online with the feedback email, you can also tell them your preference to where you would like to sit. I often get tinnitus when I travel and on flights I prefer to sit near the front away from the engine noise. Always tell the cabin crew when you are boarding the flight that you are hearing impaired, you might get special treatment. On my last flight from Perth Deafness Forum Summit, there was a lovely crew member who could sign and we had a lovely chat together. We wouldn't have known that fact unless I had told the crew I was hearing impaired. Don't be afraid to tell strangers you are deaf or hearing impaired. People are only too happy to help, if only they know how.'

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*This is an edited version of an article which first appeared in the Deafness Forum of Australia Newsletter 51, November 2006 and is reproduced here with their kind permission. It also appeared in the Ménière's Society quarterly magazine, Spin (issue 60). Please note that some of the organisations mentioned above are in Australia. Some adaptations have been made for UK readers.*

# Air Travel and Pressure Change

## Air Travel

Flying affects the middle ear, which contains air. The general conclusion, supported by both members' experiences and the advice of their ENT specialist, suggests that flying should not present any particular problem in regard to Ménière's. Problems arise when the air pressure in the middle ear doesn't balance the cabin air pressure. Middle ear problems can cause earache but not vertigo.

Travel by air involves changes in altitude, which involve changes in air pressure. So it is interesting to look at the results of a survey on the effects of pressure changes. Dr Alec Salt asked visitors to his Ménière's website whether situations that involved pressure changes affected their Ménière's symptoms<sup>1</sup>. This method of collecting data is probably inclined to exaggerate the effects found, as people who haven't had any effect of these changes may well not bother to fill in the survey. We also do not know the magnitude of the effects reported.

## Altitude Changes

About 50% said that air travel or driving up or down hills or mountains affected their symptoms. The feeling of fullness was the symptom most affected, with the other symptoms affected to a lesser extent. Many people without Ménière's will also experience a feeling of fullness in these situations, until they equalise the pressure in the middle ear by swallowing.

## Weather

Of the people who answered the survey, 70% said that their Ménière's symptoms were affected by weather changes such as the passage of a weather front or a thunderstorm. Fullness, tinnitus and vertigo were the symptoms most affected, with a smaller number of Ménière's sufferers reporting that hearing was affected. A number of people have also commented that their Ménière's is worse in high humidity. Maybe we retain more fluid in high humidity? For both the altitude and weather questions z duct called the cochlea aqueduct), these pressure changes are transmitted to the inner ear. About 30% of those surveyed by Dr Salt said that their symptoms got worse with such activities as coughing and sneezing, or lifting a heavy object.

Of the people who said their symptoms were affected by posture changes, such as lying down or sitting up, the majority felt better lying down and worse when standing. It is significant that about 25% reported that they felt worse lying down. It may be that for some with Ménière's, the difference in internal pressure when lying down makes symptoms worse.

## Swallowing

Swallowing can open the Eustachian tube and so equalise the pressure in the middle ear, which is why passengers are sometimes recommended to chew gum when an aeroplane is descending to land. Dr Salt points out that swallowing also causes contractions in the tiny muscles in the middle ear and movement of the ossicles (tiny bones in the middle ear) and this may transmit small pressure changes to the inner ear. In his survey, about 30% of respondents found that swallowing helped their Ménière's symptoms (hardly anybody said that they made the symptoms worse). Repeated swallowing, from chewing gum or sweets, was judged to improve symptoms by 40% of the people who did the questionnaire. The symptom most improved was the feeling of fullness, followed in order by hearing, tinnitus, and vertigo.

## A Practical Application

One practical application of this research for Ménière's sufferers is that swallowing, either from chewing gum or eating sweets, may help with symptoms; particularly fullness. Dr Salt makes it clear that this is not being put forward as a cure, but it is simple and inexpensive, and may help. His only warning is not to try it during a major vertigo attack, as there is the theoretical possibility that mechanically induced movements of the fluid in the endolymphatic space could make the situation worse.

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*This article was written by David Brigden, Ménière's Support Group of New South Wales, Australia. It was originally published in The Balancer (issue 28, June 2002 ) and was reproduced by the Ménière's Society with the kind permission of Ménière's Australia. Please note that some of the organisations mentioned above are in Australia. Some adaptations have been made for a UK audience.*

## Members' Experiences

1. I am 45 years old and was diagnosed with Ménière's in May 2002. I have all the usual horrible symptoms dizziness/vomiting, ear pressure, fluctuating hearing, tinnitus and walking around like a complete drunk. In July, I landed up being taken to A&E three times by ambulance and was injected to stop the attacks. Ménière's certainly does impact on your lifestyle and confidence. However, I have always loved travelling and horse riding but absolutely refuse to give these up otherwise I would be a complete misery. I have since travelled to France in a plane last year with no problems at all. I have just come back from a 21 day cruise from Southampton to America and Canada. I had visions of getting to New York and having to fly home because I could not handle the sea. I used the swimming pool and gym daily and had no attacks at all. The cruise ships all have doctors/hospital on board so you know there is help available if you need it. P&O are quite used to special diets. There is no problem ordering meals with no salt. My friend booked a cabin low down and mid-ship which is very important if the sea is rough. I would certainly like to go on a cruise again and the only barrier is being able to afford it!
2. I have been on two cruises. Until recent years my only experience of sea travel has been on cross-channel ferries and short pleasure trips, and I usually suffered from seasickness on anything but a calm sea. Since I have been diagnosed with Ménière's, and have been taking 3 Serc 16 daily, I appear to be able to cope much better with sea travel - albeit on a well-stabilised cruise ship. The only problem I had on the first cruise, to the Norwegian Fjords, was when travelling at full speed across the rather rough North Sea when I did feel somewhat ill for a couple of hours. While the symptoms are similar to vertigo, I think it was just seasickness. However, when on the way back across the North Sea from a Baltic cruise last year a quite severe attack of vertigo was triggered by a sudden force 11 gust at 8am, although I had been fine through the night when it was Force 5-8. I suffered from extreme dizziness, nausea, and some sickness for most of the day and could hardly stand let alone walk. There were, of course, many people who were ill while the sea was rough, but I am pretty sure that my attack was not just travel-sickness. While the attack was very unpleasant at the time, and somewhat debilitating for a while afterwards, it did not spoil my overall enjoyment of the cruise and I hope that I will go on more in the future.
3. On a recent holiday we were cruising off the coast of New Zealand (south island), waiting to enter Fjordland, when we quickly encountered a Force 12/13 hurricane with winds of 100 mph and 18ft waves. Thank heavens for Ménière's; I never thought I would hear myself say! It was early morning and fortunately we were not particularly hungry, so I said to my wife the best place was

to stay in bed, pull the curtains and go with the flow: just like a normal day! We eventually staggered up to the restaurant about 1pm where the cleaning up was happening in earnest, dryers everywhere and lots of green faces. Some 20 years of Ménière's has seen me struggle with most things but because of my continuing imbalance I was able to take it in my stride. (Tip: don't look at the horizon.)

4. At 54 I had to take early retirement due to Ménière's. I am now 64 and all the symptoms remain. Much of what I wanted to do I could not. One ambition on retirement was to learn to fly, but the air registration board would not even let me get to the medical! I thought I would get a boat, which I did. It was fine except that the noise of the engine did nothing for my Ménière's. So I decided that the answer was to get a small sailing dinghy. This has proved a real success; once I am in and away my sea-legs are fine, my drunken gait is in tune with the water, all is peaceful and quiet (tinnitus aside!) and I can escape for a few hours from crowds, shops, TV and all of the problems that go with Ménière's. We tried to think of a name for my dinghy. My granddaughter said 'why not call it "Dizzy" as you are most of the time!' So now "Dizzy" and I can be found in good weather pottering about on Keyhaven river just watching the birds go by. I have also been on two cruises which were fine. My "sea-state" suited the roll of the ship. Stugeron performed extremely well, on one occasion we were the only ones having breakfast! I am very lucky in that my wife is able to fully support me. It is very difficult for her in having to deal with a deaf, tinnitus-burdened, Ménière's-stricken person who cannot fully share the normal everyday things that most people take for granted. The important thing is to find what you can do and really go for it.
5. I was newly diagnosed with Ménière's when I started reading Spin. Among the articles and letters there were those that gave much hope of living a (nearly) normal life again. One such article was from a person who had danced her way through a cruise! That seemed so out of reach at the time. Others wrote that flying was not only possible but sometimes beneficial, as tinnitus seemed to be less of a nuisance at high altitude. I doubt that people who wrote those things expected them to have huge impact, but for me those words have hope. Now I hope my words may give encouragement to others who, new to Ménière's, are afraid that life in the future will be dull, boring and dictated by whether they can stand up straight enough to do the things they want. I've just come back from three weeks in Australia and it was great! Four years ago I could hardly go shopping and was accompanied and driven everywhere by my wonderful husband, Reg. We didn't dare plan a holiday, and as for even attempting a trip to the other side of the world – well,

it was laughable. I've been lucky and have had a good long remission of about eighteen months, so we decided to go for it. Whilst there, I had a go at scuba diving. Now, I have to say that this is not something I normally would have attempted even pre-Ménière's, but being the other side of the world does something to the brain (perhaps it's due to being upside down!) I went down about forty feet and saw the Great Barrier Reef first hand. It was fabulous. All the colours you see in books are real. The brightly coloured fish are really there and swim so close you could touch them. Now, being a bit of a cowardly custard, I won't be going down again as I wasn't keen on the breathing apparatus and the very odd sensation of trying to swim with what feels like ten ton of equipment on you. No, it'll be back to snorkelling for me in future, but nevertheless I did it! No ill effects – no wobbling (except from struggling with the weight of the equipment), no more tinnitus than usual and no additional hearing problems (What?). I was so pleased with myself that I felt I could conquer the world. Well, I didn't quite manage that – but I did climb up Sydney Harbour Bridge. Now, I have to confess that I told a porkie when I signed the disclaimer form as it said that you should not climb the bridge if you have ever had vertigo or balance problems. I say this in case you all rush off to book your flights and are disappointed when you get there. I don't advise anyone to scupper their insurance by doing what I did, but there I was with only a bit of paper between me and the Bridge – what's a girl to do? Short-term memory lapse (to do with being upside down again!) is what I'd put it down to if challenged. It was a lovely day with beautiful blue sky and the views were wonderful. But the feeling of achievement surpassed it all. As I stood at the highest point of the bridge I felt absolutely thrilled at having made it. While I was up there, surveying Sydney Harbour, I remembered the lady who danced her way through the cruise and the people who encouraged air flight. I thanked them silently, as it was reading of their experiences that gave me the courage to keep going.

6. Although it might seem strange to some, I have to say that Ménière's actually made me get on with my life. My doctor had warned that the attacks would get worse as the disease progressed and I would probably go completely deaf in my left ear and that it might go across to the other ear. I started a lip reading course immediately and as I had always wanted to travel, I started travelling the world, blocking out my fear. My husband hates long plane journeys so I decided to either go with friends, my daughter or do it on my own otherwise I might not be well enough to go at all in the future. My first trip was to New Zealand and Australia via Hong Kong. I must admit that I was terrified because I had a very severe Ménière's attack lasting three weeks before I went and as I was doing the first leg of the journey on my own, and having a three-day trip to the



Barrier Reef on my own at the end of the holiday, I did question my sanity a few times. However, with the help of mentholated sweets to clear my airways on the ascent and descent of flights (a brilliant tip), I coped really well. I also put a note in my passport to warn people just in case I had an attack while I was on my own, that I was not drunk or on drugs! The next year I did another trip to Australia, to see the rest of the country, flying out on my own all the way that time. I have also done trips to Thailand, South America (Ecuador and Peru including Machu Pichu coping well with altitude), Galapagos Islands on a yacht and Canada. I have always believed in the quotation “feel the fear and do it anyway!” but The Bowen Technique has been the answer to my prayers! I have always felt that if you have the tools to deal with things, and I am still learning more tools, then you can cope with whatever life throws at you!

*Editor’s note: We recommend you seek advice from your GP/Consultant before embarking on any new treatment.*

## Travel Insurance Companies

The Ménière’s Society cannot recommend a particular company or offer advice on their products. The companies on this list are provided for your information and have been collated from information provided by individual members and articles in magazines/newspapers. Insurers can refuse to cover medical expenses abroad if the treatment is for a pre-existing medical condition; including any ongoing medical condition or a condition you've had in the past; even if you have made a full recovery. If you're not asked about your medical history, volunteer the information when you buy the policy, however irrelevant it may seem. Some insurers will cover you but may charge an extra premium.

AllClear Travel	<a href="http://allcleartravel.co.uk">allcleartravel.co.uk</a>	0845 250 5350
Able2Travel	<a href="http://able2travel.com">able2travel.com</a>	01892 839 501
Flexicover Direct	<a href="http://flexicover.co.uk">flexicover.co.uk</a>	0800 093 9495
Free Spirit Travel Insurance	<a href="http://freespirittravelinsurance.com">freespirittravelinsurance.com</a>	0845 230 5000 or 02392 419 080
Freedom Travel Insurance	<a href="http://freedominsure.co.uk">freedominsure.co.uk</a>	01223 446914
Orbis Insurance Services	<a href="http://orbisinsurance.co.uk">orbisinsurance.co.uk</a>	01424 215315
Saga	<a href="http://saga.co.uk/insurance">saga.co.uk/insurance</a>	0800 015 8055
World First Travel Insurance	<a href="http://world-first.co.uk">world-first.co.uk</a>	0845 90 80 161

### Join Now and discover the benefits of membership:

- Extensive information pack and member card on joining.
- Quarterly magazine, Spin.
- Access additional information on a variety of subjects, including driving, surgery, diet and travel.
- Keep up to date with the latest research.
- Make contact with others through local groups and contact list networks.
- Attend the Society's Annual Conference and hear from health professionals and researchers working in the field.
- Vote at the Society's AGM.
- ...and more!

*"When I was diagnosed with Ménière's I felt completely abandoned to my own devices. Nobody told me of your Society and I felt lost. However after searching the internet I have found you, and just to know that someone understands and I am not alone has made a world of difference."*

*"The introductory pack is excellent. I don't feel alone or mad! It has given me a better understanding of my condition"*

*"Having been a member of the Society for a number of years and a regular reader of SPIN, it is obvious to me from the letters in the magazine that members have benefited enormously from the service provided by the Society."*

## Contact the Ménière's Society

✉ The Rookery, Surrey Hills Business Park, Wotton, Surrey RH5 6QT, UK.

☎ +44 (0) 1306 876883

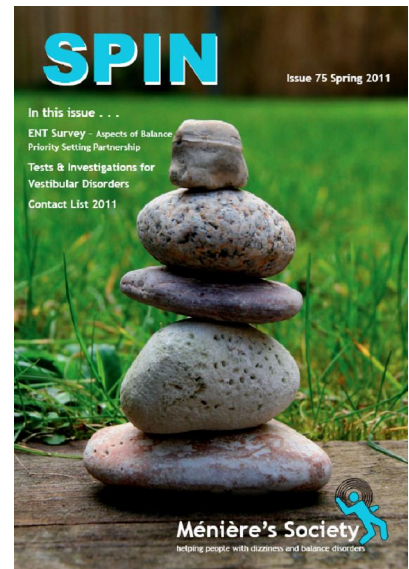
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Disclaimer: The Ménière's Society recommends that you always consult your GP, consultant or therapist for professional guidance before you begin, change, temporarily suspend or discontinue any treatment, medication, exercise or diet. The Society cannot advise on individual cases nor accept any liability resulting from the use of any treatments referred to in this information sheet.

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Email: info@menieres.org.uk www.menieres.org.uk