**Newly-Diagnosed Meniere’s Disease: Outlook for Vertigo Control and Hearing with Initiation of Non-Invasive Treatment Including an Accounting of Vestibular Migraine**

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**Objective:**To determine the outlook for Meniere’s disease control with non-invasive treatment in newly diagnosed patients while also accounting for vestibular migraine.

**Study Design:**Retrospective chart review of consecutive patients

**Setting:**Tertiary referral center

**Patients:**Adults with a new diagnosis of Meniere’s disease according to AAO-HNS criteria between 2013–2017 that had never received prior diagnosis or treatment.  All patients included in the study had at least 1 year of follow-up.

**Intervention(s):** Non-invasive treatment included a written dietary plan for low sodium (goal of 1500 mg/day) and water therapy (35 mg/kg/day).  In addition, patients were offered sole or concurrent treatment with a diuretic and/or betahistine before invasive treatments were applied.  All patients were also screened for vestibular migraine according to IHS guidelines and, if present, were all started on a migraine diet plan, magnesium supplementation (400 mg/day), and offered a migraine-preventative medication.

**Main Outcome Measure(s):** Control of vertigo at most recent follow-up with diet and medications, but without the need for invasive treatment modalities.

**Results:** 51 patients were newly diagnosed with Meniere’s disease and 44 had the minimum 12-month of follow up (average follow-up time per patient was 24.3 months).  75% of patients had vertigo well controlled without the need for any invasive treatments during the course of follow-up.  27 ears were stage 1 hearing after treatment compared to 19 before treatment.  Bilateral disease, high body mass index, and vestibular migraine were not predictive of non-invasive treatment failure, but worse pre-treatment hearing thresholds at 250 Hz and lower pure tone averages were predictive of treatment failure.

**Conclusions:** Vertigo control for patients newly diagnosed with Meniere’s disease was highly probable during the first year with a methodical approach to non-invasive treatment, including an accounting for vestibular migraine.  The need to apply invasive treatment modalities, such as intratympanic medication perfusion or surgery for vertigo control, was uncommon.  Hearing status at the time of diagnosis was the only predictor of treatment failure detected.