EFFECTIVE CONTROL OF VERTIGO IN MÉNIÈRE’S DISORDER

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Professor Paul Fagan writes:

Of course, none of this method of treatment is my idea, and I am very grateful to Dr Trevor Beard, as well as Professor Michael Halmagyi, who have guided me, as a surgeon, in the non-surgical management for the vertigo of Meniere’s.

In a sense it is non-medical as well as non-surgical, as it removes the need for diuretics. I agree with Michael Halmagyi, who finds it ‘more effective and less troublesome than diuretics’ (1). Clearly it should be better known.

I would stress that vertigo is the subject under discussion, as I am not sure that anything we do in Meniere’s is going to influence the progression or otherwise of a hearing loss.

My patients make a 24-hour urine collection, which gives a baseline estimate of their salt intake. They control their salt intake with Trevor Beard’s Salt Skip Program, published nowadays in his book Salt Matters (2), and their general practitioners monitor progress with follow-up 24-hour urine collections.

Since adopting this routine I have found that the number of people who come to surgery for vertigo in Meniere’s disorder has decreased dramatically. I apologise that this statement is in great part anecdotal and not scientific, but a retrospective study is being carried out to quantify the change in the surgical treatment rate.

I believe that the so-called ‘normal’ levels that pathologists quote in a report on the sodium content of a 24 hour urine collection are far too high, as they reflect the levels of sodium ingestion in modern society. Nearly every processed food we face these days contains a surprisingly heavy load of salt, particularly those foods that come out of tins or packets, fast foods, cereal, bread, etc. When ‘normal’ levels were established, they reflected this sort of diet.

The pathologists give the upper limit of ‘normal’ as 220mmol which, multiplied by 23 (the atomic weight of sodium), is an astonishing 5,060 mg. Professor Michael Halmagyi has told me that Amazonian Indians, who have no access to outside salt, manage very well when their 24-hour sodium excretion is as little as 2mmol (46 mg) per day.

My only indication these days for surgery in Meniere’s disorder is when all else has failed, that is when the various medications that we have available, as well as the salt routine outlined above, have failed to control vertigo. In an article published recently, my colleague at St Vincent’s, Dr John Tonkin (who attaches the same importance to salt as I do), has reported that his control rate of vertigo in Meniere’s disorder was some 80%.
When vertigo occurs at a sodium level below 50mmol/day the least intrusive surgical intervention is Gentamicin infusion, which can be very simply done. In an article published recently, my colleague at St Vincent’s, Dr John Tonkin, reported that his control rate of vertigo in Meniere’s disorder with gentamicin infusion was some 80%.

Several of the failures have come to repeat gentamicin infusion. The gold standard of vertigo control when all else fails is vestibular nerve section (3). I am hopeful that I can persuade, in the next little while, an enthusiastic young trainee here to complete a scientific analysis of this concept.

**Dr Trevor Beard writes:**

Fresh foods are low in salt. The key to success is coping with processed foods, as Professor Paul Fagan pointed out. People start getting it right -and keeping it right - when they can see that the ‘normal’ diet of an industrial society has been making them sick. Like the rest of Australia, they just need better food (food that complies with the Australian Dietary Guidelines).

The vertigo of Meniere’s disorder needs especially close attention to the salt guideline -choose foods low in salt - and to the ANZ Food Standards Code (sodium in low salt foods must not exceed 120mg/100g).

Two British supermarket chains make the choice incredibly easy - Traffic Light food labels give low salt foods (and no others) a green light for salt. Shoppers choose low salt foods with a quick glance at the label. Britain uses the same international definition of low salt foods as we do (an upper limit of 120 mg/100g for sodium), and shoppers can pick them straight off the shelf - they have a green light for salt.

Australian shoppers still have to peer at the small print in the Nutrition Information Panels at the back of the cans and packets. We must find the 100 gram column, find the sodium and read across to see how many milligrams of sodium this food has in 100 grams - whether it is 120 mg/100g or less (and therefore low in salt). But at least the law requires those Nutrition Information Panels. They have been mandatory in Australia since 2002.

Of course the food industry strongly opposes Traffic Light food labels - some best-selling breakfast cereals advertised as ‘healthy’ would have red lights for salt. Don’t underestimate the food industry’s powerful political lobby. It usually wins any contest between health and the industry (4).

For more information click FOOD TRAFFIC LIGHTS in www.saltmatters.org

It might take a century of steady reform, but in theory Australia could reach the point where every processed food was a low salt food with a green traffic light for salt. At that point Australia’s health budget would be slashed to a small fraction of the billions of dollars we now spend on the preventable salt-related health problems (problems caused or aggravated by salt).

The scientific evidence predicts these changes:

- Meniere’s disorder would seldom be associated with vertigo;
- Hypertension (high blood pressure, now affecting 2 million Australians) would be rare;
- Prehypertension (BP 120/80 or more, affecting another 3 million) would be rare;
- At least 17 other salt-related health problems (affecting another million) would be rare;
- The salt-related health problems that now affect half the adult population would be rare.
Think what the 50mmol boundary means

Three ‘salt-free’ societies that enjoy good health on a diet of fresh (unsalted) foods have a median sodium level in a 24-hour urine collection below 30mmol (5). Added salt causes no clinical problem until the sodium reaches 50mmol. Above that level salt causes fluid retention (6), and becomes a very powerful trigger for the vertigo of Meniere’s disorder (7, 8).

Meanwhile our great misfortune is that industrial societies still preserve food with salt (the least suitable of the alternatives now available). To achieve preservation, salt has to kill every living organism capable of spoiling food, so bacon has 25 times more salt than pork (30 times more if moisture is steamed off by frying). Fried bacon (sodium 2000 mg/100g) is twice as salty as seawater (1000 mg/100g).

Palates adapted to preservative concentrations of salt find unsalted food bland, and need still more salt as a condiment. Primitive food technology using salt has created hell on earth for people with Meniere’s disorder.

If vertigo persists, don’t let salt make things worse

It would be ideal if salt turned out to be the only trigger, but the occasional occurrence of vertigo at low salt intakes suggests that some people may have other triggers. These too might be avoidable if they were better defined. One candidate is food allergy and intolerance (9).

When other triggers cannot be identified or avoided, we have a wide choice of medical and surgical treatments. But remember what a powerful trigger salt can be. Intakes high enough to cause fluid retention can jeopardise the success of nearly every other treatment.

It should be abundantly clear that every patient who has Meniere’s disorder has a permanent need for low salt foods. In any case why would anybody go back to eating enough salt to expose themselves to hypertension, prehypertension, and about 17 other salt-related health problems?

Remember that the dietary goal of the Salt Skip Program is simply full compliance with the Australian government’s official Dietary Guidelines and Food Standards Code.

Government publications tell you WHAT, The Salt Skip Program makes it easier by fully explaining HOW and WHY.

Controlling vertigo without testing urine

In practice of course you just want to get rid of vertigo. You and your doctor will be well satisfied if you get a good result, and you can do that without collecting urine.

If you still get vertigo the 24-hour urine collection can usually tell you why - you are eating more salt than you thought. It is not a routine investigation in every general practice, but both patients and health professionals will find everything they need to know in Appendix 2 in Salt Matters (10).

WARNING—diuretics can be hazardous below 50mmol

At sodium excretion rates below 50mmol/day diuretics provide no benefit - only troublesome side-effects, especially hyponatraemia (low blood sodium). The diet on its own is entirely beneficial, but the drug side-effects can be harmful enough to require hospital admission. Diuretics are more harmful to elderly women (11), especially combination diuretics such as Moduretic and Dyazide (12).
As the co-author of the salt guideline, I have been asked why it fails to warn anybody about diuretics. The dietary guidelines are intended to prevent problems in healthy people - and healthy people don’t take diuretics. Diuretics are prescription drugs, and each patient needs individual medical advice from the prescriber. Readers who take diuretics should ask the prescriber for an opinion on this article - and especially the next paragraph.

All prescribers would hear very rapidly about a new drug ‘more effective and less troublesome than diuretics’1, but diuretics still remain the standard medical treatment because very few prescribers have had any reason to come across the 50mmol boundary. We give Hobart patients this advice:

- Below 50mmol/day diuretics are hazardous.
- Stay where you are (above 50mmol) if your doctor recommends a diuretic and a sodium excretion rate above 50mmol/day.
- There is one situation where common sense would justify taking a single tablet of a diuretic. Some people are sensitive to even a transient accidental salt load - especially if salt control is normally very good - and fullness in the ears or other premonition of vertigo may be an indication for a single tablet of a diuretic as well as the usual prophylactic dose of prochlorperazine (Stemetil, Stemzil).

Websites that provide help

1. www.saltmatters.org

Click shopping guide for a quick start with a basic outline of the Salt Skip Program and colour illustrations of a few basic low salt foods. Other buttons on this website provide 24-hour access to basic information of general interest about salt control.

Click email chat group to join an interactive email discussion group where you can ask any question about salt control and expect helpful answers from a friendly group of more experienced salt skippers.

This chat group gets very active at times. It has named itself Salt Matters – Australia and New Zealand (SMANZ). The basic aim of SMANZ is to increase the supply and variety of low salt foods on the market.

Come and support this worthwhile endeavour. Visit Peter Chamberlain’s brilliant Traffic Light Labels Demo, accessible through the food traffic light button.

2. www.findlowsaltfood.info

This is Peter Chamberlain’s own amateur website, which must surely be the world’s largest collection of low salt processed foods, all illustrated in full colour, along with a constantly growing collection of recipes, hints and tips on low salt shopping and cooking.

Peter’s own website of course is the original and permanent home of his brilliant Traffic Light Demo (accessible also from www.saltmatters.org).


Allan Martin has put up this other amateur website, containing his own colour photographs of a lot of low salt foods that he has found independently, and some of his advice and recipes. It is well worth a periodical visit when checking the other sites.
References


