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Definizioni correlate alla epidemiologia della Malattia di Menière

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Cawthorne and Hewlett (1951) in Great Britain were the first to produce annual incidence rates for Meniere's disease.
They reported 43 cases among 27,365 patients seen in 1 year, an incidence of 1,570 per 10^6 population.

In 1969, Harrison and Naftalin found an incidence of I,000 per 10^6 population while, in 1972, Wilmota reported for Ireland 100-200 cases per 10^6.

Data in these papers represent clinicai estimates rather than population-based findings, and the criteria used in the diagnosis of Menière's disease do not meet any standards.

Different efforts have been sought to define in the past a consensus diagnosis for Meniere's disease.

The Japanese Society for Equilibrium Research proposed clinical criteria for diagnosis of Meniere's disease in 1974 which were not published.

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) developed the guidelines for diagnosis and therapy evaluation of Meniere's disease in 1972

These guidelines have been widely used in clinical research

In 1972, the Committee on Hearing and the Equilibrium Subcommittee on Equilibrium and its Measurement at the Academy of Ophthalmology and Otolaryngology proposed a specific definition of Meniere's disease and guidelines for the evaluation of and reporting of treatment results

Their definition states that Meniere's disease is a disease of the membranous inner ear with a characteristic set of symptoms and signs and with a pathological correlate of endolymphatic hydrops.

1972 CRITERIA FOR THE DIAGNOSIS OF MENIERE'S DISEASE

1. Fluctuating, progressive, sensorineural deafness.

2. Episodic, characteristic definitive spells of vertigo lasting 20 minutes to 24 hrs. The patient remains fully conscious with no neurological accompaniments or sequelae; vestibular nystagmus is always present.

3. Usually tinnitus.

The attacks are characterised by periods of remission and exacerbation.

The American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) revised the guidelines in 1985 and 1995 .

As for continental Europe, Michel et al (1977) studied the frequency of the disease among 450,000 inhabitants of the Grenoble area (France) over a 5.5-year period, calculating an annual incidence of 75 cases per 10^6 .

In Sweden, Stahle et al (1978) analyzed a patient population at the hospitals of Uppsala and Skàne of 1973, finding an incidence rate of 460 per 10^6 that year.

In favor of the relative rarity of Menière's disease stand the figures reported by Pfaltz and Matefi (1981) who demonstrated its presence in only 100 of the 13^6 suffering from vestibular disturbances seen by them in Basel, Switzerland, during one decade.

In 1984, an epidemiologic study conducted by Wadislavosky-Waserman et al on 40,000 white inhabitants of Rochester, New York, over a 30-year period revealed an incidence of 153 per 10^6.

This study however included 63 patients affected by incomplete forms of the disease.

In order to compare the incidence obtained in this study with that of other authors, this number should be subtracted from the total of 180 patients, thus giving 117 cases and an incidence of 101 per 10^6.

1985 CRITERIA FOR THE DIAGNOSIS OF MENIERE'S DISEASE

A fluctuating, sensorineural hearing loss associated with tinnitus - the deficit is characteristically of low frequency or flat type.
Vertigo - spontaneously occurring sensation of movement that is accompanied by unsteadiness and lasts from minutes to hours.

More than one attack needed to establish diagnosis.
Definitive spell (often prostrating) , often accompanied by nausea and vomiting.

Patient oriented and conscious, no neurological sequelae.

Horizontal or horizontal rotatory nystagmus is always present during the definitive spell.

MENIERE'S DISEASE RESEARCH COMMITTEE JAPAN - 1974

DEFINITA

Ripetuti attacchi di vertigine oggettiva.

Ipoacusia fluttuante correlata con la vertigine.

Esclusione di altre patologie.

SOSPETTA

Se non sono verificati tutti e tre i punti precedenti

Menière's disease diagnostic scale. Committee on hearing and equilibrium american academy otolaryngology-head neck surgery. 1995.

Certain Menière's disease. Definitive Menière's disease plus histopathological confirmation

Definite Menière's disease. Two or more definitve spontaneous episodes of vertigo lasting 20 minutes or longer, audiometrically documented hearing loss on at least one occasion, tinnitus or aural fullness in the treated ear. Other causes excluded.

Probable Menière's disease. One definitive episode of vertigo, audiometrically documented hearing loss on at lest one occasion, tinnitus or aural fullness in the treated ear. Other causes excluded.

Possible Menière's disease. Episodic vertigo without documented hearing loss or sensorineural hearing loss fluctuating or fixed with disequilibrium but without definitive episodes. Other causes excluded.

At the 2015 AAO-HNSF Annual Meeting in Dallas, the Equilibrium Committee reviewed and approved the modified definitions of MD as an amendment to the 1995 MD guidelines.

The major differences between the new and old definitions are as follows: (1) the elimination of the “certain” and “possible” MD categories, (2) the requirement for audiometrically documented low to mid-tone fluctuating loss in the affected ear only in the “definite” category, and (3) a defined range of vertigo duration.

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Diagnostic criteria for Menière's disease

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2015

This paper presents diagnostic criteria for Menière's disease jointly formulated by the Classification Committee of the Bárány Society, The Japan Society for Equilibrium Research, the European Academy of Otology and Neurotology (EAONO), the Equilibrium Committee of the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) and the Korean Balance Society.

The classification includes two categories:

definite Menière's disease

probable Menière's disease.

Definite Menière's disease

Two or more spontaneous episodes of vertigo, each lasting 20 minutes to 12 hours.

Audiometrically documented low- to medium- frequency sensorineural hearing loss in one ear, defining the affected ear, on at least one occasion before, during or after one of the episodes of vertigo.

Fluctuating aural symptoms (hearing,tinnitus or fullness) in the affected ear.

Not better accounted for by another vestibular diagnosis .

Probable Menière's disease

Two or more episodes of vertigo or dizziness, each lasting 20 minutes to 24 hours.

Fluctuating aural symptoms (hearing,tinnitus or fullness) in the affected ear.

Not better accounted for by another vestibular diagnosis .

Note aggiuntive

Vertigo is the sensation of self-motion when no self-motion is occurring or the sensation of distorted self-motion during an otherwise normal head movement

A temporal association between hearing loss and the vertigo episode is sometimes observed by the patient, generally as a change in hearing within 24 hours of the vertigo episode.

Note aggiuntive

Hearing loss typically fluctuates spontaneously in the first few years of the disease.

After repeated attacks, the hearing loss may progress and become permanent, and the episodes of vertigo may likewise no longer be related with the aural symptoms.

An increase in tinnitus intensity or aural fullness in the affected ear is often associated with the episode of vertigo in the first years.
Tinnitus may be persistent once the hearing loss has become permanent.

Audiol Neurootol. 2017;22(2):74-82. doi: 10.1159/000475875. Epub 2017 Jul 20.

Population-Based Study on the Epidemiology of Ménière's Disease.

Bruderer SG1, Bodmer D, Stohler NA, Jick SS, Meier CR.

Basel Pharmacoepidemiology Unit, Division of Clinical Pharmacy and Epidemiology, Department of Pharmaceutical Sciences, University of Basel, Basel, Switzerland

We identified 5,508 MD cases using data from the United Kingdom -based Clinical Practice Research Datalink.

The overall IR for MD in the UK was 13.1 per 10^6 person-years.

CONCLUSIONS:

MD is uncommon in primary care in the UK

NUOVA TERMINOLOGIA

Early – Mild – Late

Intractable

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