

Effects of estroprogestin therapy on premenstrual exacerbation of meniere's disease

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CONTEXT: Meniere's disease is caused by an augmented endolymph pressure in the inner ear; symptoms are vertigo, fluctuating hearing loss and tinnitus. Exacerbations has been noted during premenstrual phase, because of the fluid shift during the menstrual cycle.

OBJECTIVE: The study aims to evaluate the effects of a 20 mcg Ethinylestradiol and 3 mg Drospirenone oral contraceptive (20mcgEE/3mgDRSP) in continuous regimen , associated with rehabilitation therapy on Meniere's disease.

METHODS: DHI (Dizziness Handicap Inventory) questionnaire of Jacobson and Newman was administered to quantify the distress related to disease. Scores on the total scale range from 0, suggesting no handicap, to 100, indicating significant self-perceived handicap.

PATIENTS: Thirty-two fertile women affected by Meniere's disease with severe distress (DHI>54) in premenstrual phase were enrolled. Study group (A) is composed by 16 women, control group (B) by 16 women.

INTERVENTIONS: Group A underwent EE/DRSP intake and rehabilitation; group B was treated with rehabilitation only.

MAIN OUTCOME MEASURES: Evaluation of DHI score was made at baseline (T0), 3 months (T1) and 6 months (T2).

RESULTS: At T0, both groups had high scores at DHI (A $66,8 \pm 2,8$ vs B $65,5 \pm 3,6$; $p=0,26$). At T1, gradual improvement in both group was reordered, particularly in group A (A $53,8 \pm 3,6$ vs B $56,75 \pm 4,1$; $p<0,05$). At T2, DHI scores were significantly lower in group A ($46 \pm 3,8$) compared to group B ($53,81 \pm 3,6$) ($p<0,001$).

CONCLUSIONS: Drospirenone diuretic and anti-edemic power could be effective in reducing the fluid overload typical of premenstrual phase and improving symptoms of Meniere's disease. Results could support the efficacy of EE/DRSP usage associated with rehabilitation therapy on exacerbation of Meniere's disease.

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