

Many with Meniere's disease based on ICD-10 do not meet AAO-HNS criteria

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Many patients with a Meniere's disease diagnosis based on the "International Classification of Diseases, 10th Revision (ICD-10)" do not meet the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) diagnostic criteria, according to a study [published](#) online Jan. 18 in *The Laryngoscope*.

Emma De Ravin, from Thomas Jefferson University in Philadelphia, and colleagues conducted a cross-sectional study to characterize the estimated prevalence of clinicodemographic features of MD in patients with ICD-10 diagnoses of MD. The estimated prevalence of MD meeting AAO-HNS [diagnostic criteria](#) was determined by chart review.

The researchers found that 480 of the 806 ICD-10 diagnoses of MD met diagnostic criteria (168 definite). The mean age at presentation was 49 years, and 47% of cases were men. Relative to comparators, a higher proportion of MD cases were white (76 versus 66%). The mean time from MD onset was 6.7 years; mean attack duration was 4.6 hours.

Overall, 7.5 and 7% of patients reported a positive family history and had bilateral disease, respectively. The [odds](#) of reporting migraine were significantly higher among MD patients, while the odds of reporting [autoimmune conditions](#) were significantly lower (odds ratios [95% [confidence intervals](#)], 1.74 [1.26 to 2.42] and 0.45 [0.28 to 0.74], respectively) than comparators; after controlling for demographic characteristics, the odds of reporting allergies did not differ from comparator patients. (odds ratio, 0.96; 95% confidence interval, 0.74 to 1.25)

"The epidemiologic and clinicodemographic estimates of MD derived herein have improved validity compared to prior studies from which widely accepted disease characteristics are often based on outdated or incompletely applied diagnostic criteria," the authors write.

More information: Emma De Ravin et al, An Update on the Epidemiology and Clinicodemographic Features of Meniere's Disease, *The Laryngoscope* (2024). [DOI: 10.1002/lary.31282](https://doi.org/10.1002/lary.31282)

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