MdDS Foundation

Dedicated to finding the cause and cure for MdDS

Mal de Débarquement Syndrome (MdDS)

Also called: Disembarkment Syndrome, Rocking Vertigo

Mal de Débarquement Syndrome is a neurological disorder that leaves patients feeling as if they are rocking, bobbing, or swaying. **It can be diagnosed and managed**.

Symptoms of MdDS

✓ Constant sense of motion **as if on a boat**, such as:

- rocking
- bobbing
- swaying
- gravitational pull

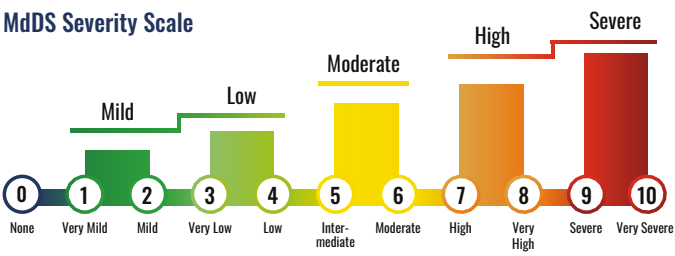
✗ It is not spinning or rotational vertigo.

✓ Patients often report anxiety, fatigue, and other secondary symptoms, such as:

- headache
- sense of unstable ground
- imbalance
- visual motion intolerance
- cognitive impairment

Duration & Intensity

Symptoms are highly variable in intensity, may be disabling, and persist for months... **even years**.



Mal de Débarquement Syndrome is indexed in the ICD-10-CM under Billing Code R42.

This information is provided as an educational service by
The MdDS Foundation
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www.mddsfoundation.org

Diagnosing MdDS

No tests can provide a definitive diagnosis of MdDS. Clinical history is very important. Ask patients:

- Do you feel like you are constantly rocking and swaying and the only time it stops is when you are in motion (*e.g.*, driving or riding in a car)?
- Have motion sensations persisted for at least 30 days?
- Did you recently travel on a ship, boat, airplane or experience other passive motion?

The majority with MdDS have a preceding motion event. However, some patients develop MdDS without an identifiable motion trigger.

Events Associated with MdDS Onset

Managing MdDS

Relevant areas of the brain have been identified and may be targets for neuromodulation therapy.[1] However, no treatments or therapies are universally helpful currently.

- ✓ Medications that reduce anxiety and depression may provide relief from MdDS symptoms.
- ✗ Medications for motion sickness (anticholinergics) are not effective for either prevention or treatment of MdDS.
- ✓ VOR or OKN treatment may decrease symptoms.[2]
- ✓ Vestibular therapy or vigorous exercise may benefit some individuals.

References

1 **Cha YH**, Ding L, Yuan H. Neuroimaging markers of Mal de Debarquement Syndrome. *Front Neurol* 12:636224, **2021**.

2 **Browne CJ**, Sheeba SR, Astill T, Baily A, Deblieck C, Mucci V, Cavaleri R. Assessing the synergistic effectiveness of intermittent theta burst stimulation and the vestibular ocular reflex rehabilitation protocol in the treatment of Mal de Debarquement Syndrome: a randomised controlled trial. *J Neurol*. **2024**; 271: 2615–2630.

Diagnostic criteria established by the Bárány Society and published in the *Journal of Vestibular Research* will aid you in diagnosing MdDS.