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# Mal de Débarquement Syndrome Complicated by Psychiatric Comorbidities: Response to Maruta et al

**To the Editor:** We acknowledge the expertise of Maruta et al concerning our recent case report on mal de débarquement syndrome (MdDS). We appreciate the additional insights and information provided and would like to address the points raised in the letter.

Firstly, we acknowledge that we did not refer to the expert consensus document on MdDS diagnostic criteria in our case report. We appreciate your clarification about the exposure to passive motion temporarily reducing symptoms of MdDS, as well as the low yield of clinical structural brain imaging in diagnosing MdDS. It is important to note that MdDS is diagnosed through the characteristic history of symptoms, physical examination, and tests to rule out other possible vestibular disorders. MdDS is a diagnosis of exclusion for episodic dizziness and disequilibrium. However, we will consider these diagnostic criteria and recommendations in our future work on MdDS.

We are grateful for the additional information regarding the positive outcome of MdDS and the velocity storage mechanism. It is an important area of research that will improve our understanding of MdDS and its potential treatment options. We are encouraged by the success of the technique aimed to induce readaptation of the vestibulo-ocular reflex and the approaches being developed to treat MdDS.

Our case report mentioned that the patient responded well to optokinetic stimulation therapy. To respond to the letter to the editor, we would like to provide more details about this therapy and the patient's response. The treatment we provided, including cognitive-behavioral therapy, was appropriate and beneficial to the

patient, given the clinical presentation and the available evidence. As for the possibility of reducing or tapering off amitriptyline, we did consider this option. However, the patient was eventually switched to venlafaxine and clonazepam due to weight gain and other side effects. We agree that it is essential to continually evaluate the benefits of the medication against the risks associated with long-term use.

Once again, we thank Maruta et al for their valuable input and for providing additional insights that will contribute to our understanding of MdDS. We will include these considerations in our future work to provide more comprehensive and accurate information to the journal's readership.

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## Article Information

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