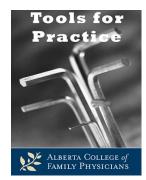
Tools for Practice is proudly sponsored by the Alberta College of Family Physicians (ACFP). ACFP is a provincial, professional voluntary organization, representing more than 4,400 family physicians, family medicine residents and medical students in Alberta. Established over sixty years ago, the ACFP strives for excellence in family practice through advocacy, continuing medical education and primary care research. www.acfp.ca

Reviewed: August 19, 2016 Evidence Updated: New evidence Bottom Line: Minor change First Published: July 9, 2009



Bell's Palsy: What to Do and What Not to Do?

Clinical Question: Do corticosteroids or antivirals provide any benefit to patients with Bell's palsy?

Bottom-line: The best evidence indicates that corticosteroids (in doses of prednisolone 25 mg BID or 60 mg x5 days, then tapered by 10 mg/day) improve the odds of complete recovery from Bell's palsy. Trials of antivirals (used either alone or in addition to prednisolone) are inconsistent, but they seem to offer little to no advantage.

Evidence:

- Corticosteroids:
 - o Cochrane review¹ of seven Randomized Controlled Trials (RCTs) including 895 patients comparing corticosteroids to placebo or no treatment.
 - Satisfactory recovery at ≥6 months: Corticosteroids 83% versus no corticosteroid 72%, Number Needed to Treat (NNT)=10.
- Antivirals
 - o Meta-analysis² of 10 RCTs including 2,419 patients comparing addition of antivirals (+/- corticosteroids) to placebo or no antiviral.
 - No statistically significant difference in complete recovery: Antivirals 70.6%, no antiviral 68.7%.
 - No benefit in severe Bell's palsy and in patients also receiving corticosteroids.
 - Satisfactory recovery: Antivirals 79.5% versus no antiviral 74.6%, NNT=21
 - Results not statistically significant when excluding trials at high risk of bias.
 - o Cochrane review³ of 10 RCTs of 2,280 patients found that adding antivirals to corticosteroids increased likelihood of complete recovery, but:
 - Inappropriately included "satisfactory but incomplete recovery" (House-Brackmann grade 2) as complete recovery.
 - Limitations: Only one RCT at low risk of bias, efficacy exaggerated in smaller, lower-quality studies; selective outcome reporting.

Context:

- Other meta-analyses found similar conclusions for corticosteroid efficacy⁴ and antiviral inefficacy.⁵
 - Consistent with results of two highest-quality trials.^{6,7}
- Canadian Bell's palsy guidelines⁸ recommend:
 - o Corticosteroids for all patients with Bell's palsy.
 - Against using antivirals alone, or adding to corticosteroids for mild-moderate Bell's palsy.
 - o Considering adding antivirals to corticosteroids for severe Bell's palsy (based on older meta-analysis⁴).
- Corticosteroid doses in two high-quality trials:
 - o Prednisolone 25 mg BID x10 days.6
 - o Prednisolone 60 mg/day x5 days, then tapered by 10 mg/day.⁷
 - Dose of prednisone = prednisolone.

Original Authors:

G. Michael Allan MD CCFP, Michael R. Kolber BSc MD CCFP MSc

Updated: Reviewed:

Ricky D. Turgeon BSc(Pharm) ACPR PharmD G. Michael Allan MD CCFP

References:

- 1. Madhok VB, Gagyor I, Daly F, et al. Cochrane Database Syst Rev. 2016; 7:CD001942.
- 2. Turgeon RD, Wilby KJ, Ensom MHH. Am J Med. 2015; 128:617-28.
- 3. Gagyor I, Madhok VB, Daly F, et al. Cochrane Database Syst Rev. 2015; 11:CD001869.
- 4. de Almeida JR, Al Khabori M, Guyatt GH, et al. JAMA. 2009; 302:985-93.
- 5. Quant EC, Jeste SS, Muni RH, et al. BMJ. 2009; 339:b3354.
- 6. Sullivan FM, Swan IR, Donnan PT, et al. N Engl J Med. 2007; 357:1598-607.
- 7. Engstrom M, Berg T, Stjernquist-Desatnik A, et al. Lancet Neurol. 2008; 7:993-1000.
- 8. de Almeida JR, Guyatt GH, Sud S, et al. CMAJ. 2014; 186:917-22.

Tools for Practice is a biweekly article summarizing medical evidence with a focus on topical issues and practice modifying information. It is coordinated by G. Michael Allan, MD, CCFP and the content is written by practising family physicians who are joined occasionally by a health professional from another medical specialty or health discipline. Each article is peer-reviewed, ensuring it maintains a high standard of quality, accuracy, and academic integrity. If you are not a member of the ACFP and would like to receive the TFP emails, please sign up for the distribution list at http://bit.ly/signupfortfp. Archived articles are available on the ACFP website.

This communication reflects the opinion of the authors and does not necessarily mirror the perspective and policy of the Alberta College of Family Physicians.