

The treatment of Bell's palsy

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TITLE Early treatment with prednisolone or acyclovir in Bell's palsy

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SUMMARY

Sullivan et al. randomised 551 patients within three days of onset of symptoms of Bell's palsy, from 17 hospitals in Scotland, to receive corticosteroids (prednisolone 25 mg bd), aciclovir (400 mg five times daily), both or neither for ten days. Outcome at three and nine months was assessed using the House-Brackman scale, which grades patients from I – full recovery – to VI – total paralysis. A total of 496 patients were assessed at nine months; 94.4% who had received corticosteroids had made a full recovery, compared with 81.6% of patients not receiving corticosteroids. This is both statistically and clinically significant. The adjusted odds ratio is 3.32, translating to a number needed to treat of about 9. There was no difference between the outcome of patients randomised to aciclovir alone or placebo. The combination of aciclovir and corticosteroids was not different from corticosteroids alone.

OPINION

As a neurologist, I am often asked whether a patient with recent onset of Bell's palsy should be given corticosteroids (or sometimes aciclovir). Until the end of last year, it was difficult (even for a Scottish neurologist!) to give an authoritative answer. However, I now have the answer.

This is a large, well-conducted study with excellent patient retention. Previous studies have tended to be small and/or to have had inadequate blinding. Indeed, previous systematic reviews have concluded (as is so often the case!) that more randomised controlled trials with adequate power are required.^{2,3} The patients in this study were mostly referred by general practitioners or casualty departments, and the proportion making a spontaneous full recovery is similar to values reported in the literature.⁴ Thus, these patients are likely to reflect those one sees in real-life practice. The investigators used the clinically relevant and solid primary end point of full recovery. The results are clear and consistent. I can now answer: Corticosteroids? – yes. Aciclovir? – no.

What of other antiviral therapies?

There is a hint in a paper by Hato et al.⁵ that perhaps valaciclovir (a more expensive prodrug of aciclovir) might, in combination with corticosteroids, be a more effective treatment than corticosteroids alone for the most severe facial palsies. However, this study has several limitations, including inadequate blinding by the investigators and poor patient retention. At present, I cannot justify recommending valaciclovir. However, patients with a complete facial palsy do have a worse prognosis,⁶ and a further large multicentre study in this group would be reasonable.

Protect the eye!

Patients who are unable to close their eyes fully should be seen on the same day in the ophthalmology department. They will need lubricating eyedrops for the day and ointment for the night. They will need to be instructed on taping the eye closed at night with micropore. If severely affected, they may need temporary surgical or botulinum toxin tarsorrhaphy. They must be seen urgently if eye discomfort, discharge or redness develops or if there is any vision change in that eye.

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