This information sheet is provided to help you understand the role of steroids and antiviral drugs for treating Bell’s palsy.

Neurologists from the AAN are doctors who identify and treat diseases of the brain and nervous system. The following evidence-based information* is provided by experts who carefully reviewed all available scientific studies on the effectiveness of steroids and antiviral drugs for treating Bell’s palsy. This information updates the findings of the 2001 AAN guideline on this topic.

WHAT IS BELL’S PALSY?
Bell’s palsy is a disorder that affects the facial nerve, also known as the seventh cranial nerve. This nerve controls movement of facial muscles. In Bell’s palsy, the nerve becomes damaged. This leads to weakness of the facial muscles. Usually only one side of the face is affected. In some cases, these muscles can be partially or completely paralyzed. This means the affected facial muscles no longer can move.

Bell’s palsy is common. It affects about 30,000 to 40,000 people in the United States each year. The cause of Bell’s palsy is not yet known.

Other medical conditions can lead to facial muscle weakness. These include Lyme disease and HIV infection. The discussion of Bell’s palsy and its treatment does not apply in these situations. These conditions involve other treatments.

In Bell’s palsy, weakness of the facial muscles usually develops over one to three days. Typically the weakness affects only the muscles on one side of the face. Weakness usually does not develop in other muscles. The degree of weakness ranges from mild to severe. However, the weakness usually is worst in the first two or three days.

The muscles will feel stiff or will pull to one side. The face may look different than normal. Other symptoms include:

- Difficulty closing one eye
- Difficulty eating and drinking
- Drooling from lack of muscle control
- Drooping of a corner of the mouth
- Difficulty smiling, frowning, or making other facial expressions
- Twitching or weakness of the face muscles
- Dry eye or eye sores
- Dry mouth
- Headache
- Loss of sense of taste
- Hearing better with one ear than the other ear

HOW IS BELL’S PALSY TREATED?
For the majority of people with Bell’s palsy, the condition gets better with time, even without treatment. However, for about 15 percent of people affected, some degree of muscle weakness remains. In some cases, this weakness can permanently change the functioning of facial muscles. This can affect the appearance of the person’s face. For these reasons, treatment early in the disorder is important.

For many years, no treatment for Bell’s palsy had been shown by studies to be definitely helpful. Doctors commonly have prescribed oral steroids as treatment. An antiviral drug sometimes has been added to the steroid treatment. Antiviral drugs are used to treat infections from viruses. In this guideline, all available studies were examined to find out which treatments are helpful in Bell’s palsy. The guideline examined three types of studies:

- Studies that looked at people taking oral steroids alone as treatment
- Studies that observed people taking antivirals alone as treatment
- Studies where people had an antiviral added to their steroid treatment

In people with early Bell’s palsy, there is strong evidence that oral steroids can increase the chances of full facial muscle recovery. Most people in these studies improved if they were given steroids during the first three days of symptoms.

In comparison, people who were treated with an antiviral drug did not improve. In addition, for people who had an antiviral added to steroid treatment, there was no definite added improvement. If there is any benefit to adding an antiviral to steroid treatment, it is only slight.
MY DOCTOR SAYS I HAVE BELL’S PALSY. SHOULD I BE TREATED FOR IT?

Many people with Bell’s palsy recover completely without treatment. However, treatment can increase the chances of full facial muscle recovery. Be sure to talk to a doctor about whether treatment is right for you.

As discussed earlier, studies have shown that oral steroids can increase the chances of a complete recovery of facial muscle strength. Also, a short course of oral steroids is usually safe and well tolerated. Likewise, antiviral drugs are fairly well tolerated. Antiviral drugs can be expensive.

It is important to know that drug treatment is not for everyone. For people with certain health conditions, steroid treatment can be risky. These conditions include:

- Poorly controlled diabetes mellitus (type 1 or type 2 diabetes, diabetes from pregnancy)
- Morbid obesity (being very overweight)
- Osteopenia (low bone density)
- A history of problems from steroid treatment

Antiviral drugs also carry some health risks. These include potential kidney problems and important drug interactions. It is important to discuss possible risks with a doctor before taking any oral steroid or antiviral drug.

Treatment for Bell’s palsy can increase the chances of a complete recovery. Treatment is most helpful when received as soon as possible after symptom onset.

This statement is provided as an educational service of the American Academy of Neurology. It is based on an assessment of current scientific and clinical information. It is not intended to include all possible proper methods of care for a particular neurologic problem or all legitimate criteria for choosing to use a specific procedure. Neither is it intended to exclude any reasonable alternative methodologies. The AAN recognizes that specific patient care decisions are the prerogative of the patient and the physician caring for the patient, based on all of the circumstances involved.

*After the experts review all of the published research studies, they describe the strength of the evidence supporting each recommendation:

Strong evidence = more than one high-quality scientific study
Moderate evidence = at least one high-quality scientific study or two or more studies of a lesser quality
Weak evidence = the studies, while supportive, are weak in design or strength of the findings
Not enough evidence = either different studies have come to conflicting results or there are no studies of reasonable quality