

AAO-HNSF clinical practice guideline: Bell's palsy

November 4 2013

A multidisciplinary clinical practice guideline to improve the accurate and efficient diagnosis and treatment of Bell's palsy was published Monday in the journal *Otolaryngology–Head and Neck Surgery*. The guideline is intended for clinicians in any setting who are likely to diagnose and manage patients with Bell's palsy, the most common single nerve disorder, usually associated with facial paralysis.

"The primary purpose of this guideline is to improve the accuracy of diagnosis for Bell's palsy, to improve the quality of care and outcomes for patients with Bell's palsy, and to decrease harmful variations in the evaluation and management of Bell's palsy," said Reginald F. Baugh, MD, Chair of the Bell's palsy Guideline Panel.

Bell's palsy affects both men and woman across a wide range of ages. The condition is characterized by facial paralysis and distortions that can appear as facial sagging, immobility, or contraction on the affected side. The condition occurs when the facial nerve is damaged by swelling or pressure, but the exact cause of Bell's palsy is unknown.

The clinical guideline for Bell's palsy was created by a panel that included otolaryngology—head and neck surgeons, neurologists, facial plastic and reconstructive surgeons, neurotologists, otologists, emergency medicine and primary care professionals, nurses and physician assistants, and consumer advocates.

Otolaryngology–Head and Neck Surgery is the official scientific journal

of the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF). The guideline was published as a supplement to the journal's November edition.

The guideline's authors are: Reginald F. Baugh, MD (Chair); Gregory J. Basura, MD, PhD (Assistant Chair); Lisa E. Ishii, MD, MHS (Assistant Chair); Seth R. Schwartz, MD, MPH (Methodologist); Caitlin Murray Drumheller; Rebecca Burkholder, JD; Nathan A. Deckard, MD; Cindy Dawson, MSN, RN; Colin Driscoll, MD; M. Boyd Gillespie, MD, MSc; Richard K. Gurgel, MD; John Halperin, MD; Ayesha N. Khalid, MD; Kaparaboyna Ashok Kumar, MD, FRCS; Alan Micco, MD; Debra Munsell, DHSc, PA-C; Steven Rosenbaum, MD; and William Vaughan.

"While patients with Bell's palsy enter the health care system with facial paralysis as a primary complaint, not all patients with [facial paralysis](#) have Bell's palsy. It is a concern that patients with alternative underlying etiologies may be misdiagnosed or have unnecessary delay in diagnosis. All of these quality concerns provide an important opportunity for improvement in the diagnosis and management of [patients](#) with Bell's palsy." said Reginald F. Baugh, MD, Chair of the Bell's palsy Guideline Panel.

Provided by American Academy of Otolaryngology

Citation: AAO-HNSF clinical practice guideline: Bell's palsy (2013, November 4) retrieved 27 April 2024 from

<https://medicalxpress.com/news/2013-11-aao-hnsf-clinical-guideline-bell-palsy.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.
