

First Canadian Bell palsy guideline

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The first Canadian guideline for Bell palsy, facial weakness or paralysis caused by facial nerve damage, is aimed at helping physicians manage and treat patients during the acute phase as well as recovery. The guideline, published in *CMAJ* (*Canadian Medical Association Journal*), is based on the growing body of recent evidence on the condition.

Bell palsy is damage to the [facial nerve](#) that results in sudden weakness or [paralysis](#) of one side of the face. It can come on suddenly with symptoms such as drooping of the face and eyelids, twitching, and others that may include mild or total paralysis.

"Although many patients with Bell palsy will experience improvement in their facial nerve function without treatment, persistent facial weakness can have implications for quality of life," writes Dr. John de Almeida and members of the Bell Palsy Working Group. "Choosing the correct treatment options for suitable patients can optimize the likelihood of recovery."

People with mild paralysis have higher rates of recovery than those who are severely affected. Because about 1 in 60 people will be affected over the course of their lifetime, it is important for [primary care physicians](#) to know how to manage this illness.

"Establishing the correct diagnosis is imperative to avoid missing another treatable condition," write the authors.

Key recommendations:

- corticosteroids for all patients with Bell palsy to help reduce involuntary facial spasms
- combined use of antivirals and corticosteroids in patients with severe to complete paralysis but not in patients with mild to moderate paralysis
- no antiviral treatment alone
- for patients who do not improve or whose symptoms worsen, referral to a specialist
- imaging for patients who do not improve to determine if there are other causes of the weakness.

The guideline is neutral on whether physiotherapy is effective for acute weakness, but it suggests that it may help patients with persistent weakness.

"The guideline was timely given recent meta-analyses of data and recent RCTs [randomized controlled trials]," says Dr. de Almeida. "We hope this new guideline will help physicians in Canada and beyond manage Bell palsy [patients](#)."

More information: www.cmaj.ca/lookup/doi/10.1503/cmaj.131801

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