Introduction:
- Bell’s Palsy is an idiopathic, acute onset (typically less than 72 hours) dysfunction of the seventh cranial nerve resulting in either partial or total ipsilateral facial paralysis.
- It is the most common cause of peripheral facial weakness, and accounts for 60-75% of all cases of unilateral facial paralysis. Despite this, the etiology of Bell’s Palsy remains unclear.
- While medical management of the disease would include oral steroids and/or antivirals, the prescribing habits of providers vary tremendously.
- This study aims to augment the currently available information by providing the population data of a large health network in upstate New York.
- Purpose: to specifically describe the prescribing habits for the treatment of Bell’s Palsy.

Methods:
- Patient charts were retrospectively reviewed, and data were obtained on demographics, physical exam, location of presentation, clinical recovery, and treatment (medication, dose, duration, tapering method).

Results:
- Of the 3027 patient charts reviewed between 2011-2019, 906 (30%) met inclusion criteria.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steroids</td>
<td>796</td>
<td>88%</td>
</tr>
<tr>
<td>Antivirals</td>
<td>330</td>
<td>36%</td>
</tr>
<tr>
<td>PT</td>
<td>4</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Reassurance</td>
<td>107</td>
<td>12%</td>
</tr>
</tbody>
</table>

- Patients presenting to the ED (55%) or their PCP (48%) were mostly treated with ‘Steroids only’.
- Treatment regimens varied greatly in both dosage and duration: in the ‘steroids only’ group starting doses ranged from 40mg (14%) to 80 mg (8%) with 60 mg being the most widely used (74%).
- Most patients were prescribed 1 week of treatment (61%), though some were prescribed 2 weeks of steroid treatment (27%) with a variance in tapering regimes.
- There were no significant differences demonstrated between the treatment variations within the individual treatment groups.

Conclusion:
- Our study demonstrates that although treatment regimens widely vary, there is no significance between them.
- The results support the need for a well-designed randomized controlled trial to determine whether there is any benefit of medical treatment of Bell’s Palsy and if there is, what is the best protocol.