



# The Upstate New York Experience of Managing Bell's Palsy: A Review of 3000 Patient Charts to Determine an Ideal Treatment

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## 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:

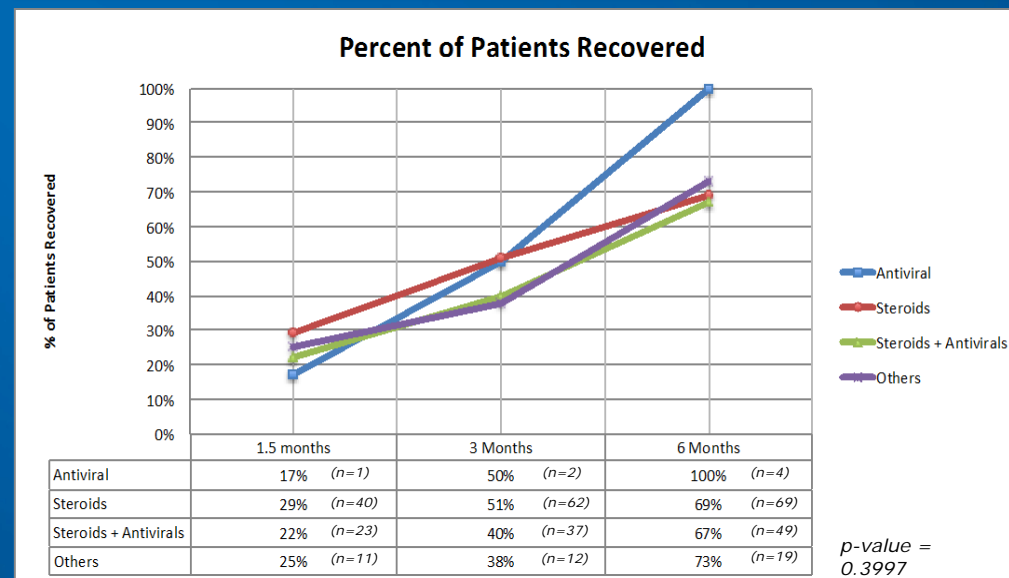
- Patient charts were retrospectively reviewed, and data were obtained on demographics, physical exam, location of presentation, clinical recovery, and treatment (medication, dose, duration, tapering method).

## Results:

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

**Table 1: Treatment Received**

	n	% (n/906)
Steroids	796	88%
Antivirals	330	36%
PT	4	<1%
Reassurance	107	12%



- 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.