Is antiviral medication for severe Bell's palsy still useful?

Bell's palsy is the most common cause of peripheral facial paralysis, and treatment needs to be started as soon as possible after the onset of paralysis. Treatments include corticosteroids to reduce swelling and antiviral drugs to combat infection with the herpes simplex virus, which is a possible cause of the disorder.1,2 In their article, Engström and colleagues3 aimed to compare the efficacy of the corticosteroid prednisolone and the antiviral drug valaciclovir for treating facial paralysis. Consistent with the conclusion of an earlier trial,4 Engström and colleagues concluded that early treatment with prednisolone alone shortened the time to facial recovery and that valaciclovir did not affect recovery. Commenting on the results of Engström and colleagues, Gilden wrote "the pendulum has swung back to steroids alone" for the treatment of Bell's palsy.1 However, we believe that because these studies were not restricted to patients with severe paralysis—ie, those who would benefit most from treatment—any improvements owing to the antiviral drugs might not have been apparent.

Patients with varying degrees of paralysis were included in both trials.3,4 However, because a large number of patients with mild paresis recover spontaneously, the positive effect of the drugs might have been diluted. Engström and colleagues reported that the combination of valaciclovir and prednisolone led to a 74% recovery rate, and prednisolone plus placebo led to a 71% recovery rate, indicating that prednisolone alone is sufficient to treat patients with Bell's palsy. If the study had included only severely affected patients, the observed effects of both drugs might have been stronger and most pronounced in the patients who received combination therapy. In this case, the recovery rates of the groups that received combination therapy versus prednisolone alone might have been statistically different.

In studies with less rigorous designs—for example, without double blinding5—there is indeed a positive, although not always significant, effect of combination therapy with prednisolone and antiviral drugs. As anticipated, the largest effect is seen in the group of patients that has the greatest need for these drugs—that is, those patients who are initially most severely affected. Another recent study shows that this also applies to combination treatment with prednisolone and famciclovir.6 The investigators tried to include large numbers of patients in these drug trials,3,4 but in doing so they might have lost sight of the clinically important question of whether recovery rate can be improved in patients who are less likely to recover spontaneously—those with House–Brackmann scores of V or VI—who should be the target group. The answer to the question of whether each patient who presents with Bell’s palsy should be given antiviral medication is not necessarily the same as the answer to the question of whether patients with a serious paralysis would benefit from antiviral medication.

We are concerned that the report by Engström and colleagues3 will lead to unjustifiably inadequate treatment for patients with severe paralysis, and we are of the opinion that the pendulum still remains in a position that favours combination therapy for patients with Bell’s palsy. Therefore, in our opinion, the use of antivirals should still be considered in patients with a severe or complete palsy, particularly those who have a high risk of herpes zoster infection even if they do not have the typical zoster rash.

We have no conflicts of interest.

Authors’ reply

We thank de Ru, van Benthem, and Janssen for their comments in response to our article.1 Our aim was to include a large number of patients, including those who initially had mild palsy and those who initially had severe palsy. Of 827 patients graded with the Sunnybrook scale, 590 (71%) had a Sunnybrook score greater than 25 points (mild-to-moderate palsy) at baseline and 237 (29%) had a score of 0 to 25 points (severe palsy). With House–Brackmann grading (829 patients), 584 (70%) had grades II to IV (mild-to-moderate palsy) and 245 (30%) had grades V to VI (severe palsy). The mean House–Brackmann grading at baseline for the 210 patients treated with prednisolone plus placebo was 3.7 (SD 1.1) and 3.8 (1.1) in the 206 patients who received prednisolone plus valaciclovir. The mean score for the 209 patients treated with prednisolone plus placebo as graded with the Sunnybrook scale was 40.0 (20.3) points and 39.0 (19.5) points in the 206 who received prednisolone plus valaciclovir.