UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

BELL'S PALSY

WHAT IS IT?

Bell's palsy is a weakness or paralysis of the facial muscles affecting one side of the face. This occurs when the facial nerve that activates those muscles becomes inflamed and swollen. Because the facial nerve also innervates the tear glands, salivary glands, taste receptors, and a bone in the middle ear, other symptoms affecting these structures may be present.

Most people recover completely from Bell's palsy. However, a minority continue to have some symptoms indefinitely.

WHAT CAUSES IT?

Bell's palsy is caused by swelling and inflammation of the facial nerve, most commonly due to a virus. Herpes simplex virus activation is the most widely suspected cause. Unfortunately, there is no specific test available for confirmation.

Noninfectious, inflammatory processes, Lyme disease, and vascular causes are postulated as well.

WHO GETS IT?

Anyone can develop Bell's palsy. There is no racial, geographic, or gender predilection. Pregnancy and diabetes increase the risk of developing Bell's palsy.

WHAT ARE THE SYMPTOMS?

The symptoms of Bell's palsy usually occur rapidly, within hours to 1-2 days, and peak within 72 hours. Weakness or paralysis occurs on one side of the face and can lead to:

- Facial droop (eg. drooping eyelid and mouth).
- Eyebrow sagging or difficulty raising an eyebrow.
- Difficulty completely closing an eyelid.
- Difficulty smiling or making other facial expressions.
- Drooling from one side of the mouth.

Additional symptoms may include:

- Sound sensitivity of the affected ear.
- Dryness of the affected eye.
- Decreased saliva production.
- Impaired taste sensation on the front of the tongue on the affected side.

Having a recurrent episode of Bell's palsy is relatively rare (7-15%).

HOW IS IT DIAGNOSED?

Bell's palsy is usually diagnosed based on your symptoms and a neurological exam that includes an evaluation of the facial nerves.

In some cases, blood tests, a CT scan, or an MRI may be recommended.

HOW IS IT TREATED?

There is no cure for Bell's palsy, but early treatment can help patients recover faster. Mild symptoms may not require treatment.

- **Medications**
  Medications used to treat Bell's palsy are most effective if started within 2-3 days of symptom onset.
  - Corticosteroid medications, like prednisone, are powerful anti-inflammatory drugs that can reduce the swelling of the nerve and increase the chance of full recovery. These medications are usually taken for one week.
    - Steroid medications should be taken with food to avoid an upset stomach.
    - Because they can be activating, avoid taking steroid medications late in the day due to the risk of insomnia.
  - Antiviral medications, such as valacyclovir (Valtrex) or acyclovir (Zovirax), may be used along with steroids if facial weakness is severe.
  - Antibiotics are used in cases of Lyme disease.
  - Over-the-counter pain medications, like ibuprofen (Advil, Motrin) or acetaminophen (Tylenol) may help with pain and discomfort. Ibuprofen should be taken with food to avoid an upset stomach.

- **Self-Care**
  - Eye protection (if you cannot close your eye completely):
    - Use lubricating eye drops as often as every hour during the day and lubricating eye ointment at night. This prevents drying of the cornea, which can lead to vision loss.
    - Wear glasses or goggles during the day to protect your eye.
    - Use an eye patch at night, but do not use tape on your eyelid because the patch could slip and scratch the cornea.
  - Mouth care: Brush and floss your teeth after eating to help prevent tooth decay and gum disease, which is increased by decreased salivation.

HOW LONG WILL IT TAKE TO RECOVER?

Most people start to notice an improvement within 3 weeks, though symptoms may continue to improve over 3-6 months. In mild cases, it may only take 2 weeks for symptoms to resolve.

Full recovery is common, especially if symptoms are mild or start to improve within 3 weeks. A small number of people are left with muscle weakness that is permanent.

Consistent follow-up with a medical provider is important to monitor recovery.

- The development of new or worsening symptoms warrants a call to the medical provider or urgent re-evaluation.
- In some cases, referral to a neurologist may be necessary.

RECOMMENDED WEBSITES:

- familydoctor.org
- mayoclinic.org
- ninds.nih.gov