

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

BELL'S PALSY**WHAT IS IT?**

Bell's palsy is a weakness or paralysis of the facial muscles that usually affects one side of the face. This occurs when the nerve that activates those facial muscles becomes inflamed and swollen. 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. In addition to controlling the muscles on one side of the face, the facial nerve also innervates your tear glands, salivary glands, taste receptors, and a bone in the middle ear.

Several viruses may be responsible for inflammation of the facial nerve, including herpes simplex, varicella zoster, adenovirus, mononucleosis, influenza, mumps, rubella, and others.

WHO GETS IT?

Anyone can develop Bell's palsy. Risk factors include:

- An upper respiratory infection, such as a cold or the flu (this is the most common risk factor).
- Being in the third trimester of pregnancy or having recently given birth.
- Diabetes.

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 typically occurs on one side of the face and can lead to:

- Facial droop (eg. drooping eyelid and/or 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:

- Headache.
- Pain around the jaw or inside/behind the affected ear.
- Ringing in the ear.
- Increased sound sensitivity of the affected ear.
- Increased tearing or dryness of the affected eye.
- Increased or decreased saliva production.
- Loss of taste on the front of the tongue.
- Numbness of the affected side of the face.

Very rarely symptoms may affect both sides of the face. A recurrent episode of Bell's palsy is also 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 at all.

❖ Medications

Medications used to treat Bell's palsy are most effective if started within 2-3 days of the onset of symptoms.

- 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. They should be taken with food to avoid an upset stomach.
- Antiviral medications, such as valacyclovir (Valtrex) or acyclovir (Zovirax), may be used along with steroids if facial weakness is severe.
- Over-the-counter pain medications, like ibuprofen (Advil, Motrin) or acetaminophen (Tylenol) may help with pain and discomfort. It is important to take ibuprofen 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 frequently to help prevent tooth decay and gum disease, which is increased by decreased salivation and loss of oral sensation.
- Moist heat: A warm moist washcloth applied to the face a few times a day may help ease discomfort or pain.
- Massage: Gentle massage to the forehead, cheeks, and lips may also be helpful.
- Simple facial exercises: As function returns, practice tightening and relaxing your facial muscles.

HOW LONG WILL IT TAKE TO RECOVER?

Most people start to notice an improvement within 3 weeks, though symptoms may continue to improve for 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. In some cases, referral to a neurologist may be necessary.

RECOMMENDED WEBSITES:

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