

## Uncertainties Around Antivirals in Severe Bell's Palsy Trial

To the Editor:

We read the article by Lee et al<sup>1</sup> with interest. This trial follows a decade of randomized controlled trials assessing the value of pharmacotherapy in Bell's palsy.<sup>2</sup> Overall, existing evidence supports the use of corticosteroids, although the role for antiviral medications is still debated.<sup>2</sup> At first glance, the trial by Lee et al<sup>1</sup> seems to identify a subgroup of patients with Bell's palsy who benefit from antiviral medications. However, we believe that some limitations cast doubt on the conclusions of this trial.

First, it appears that a single otolaryngologist was the sole outcome assessor and it is unclear if this clinician was blinded. Knowledge of the patients' assigned intervention during assessment of a relatively subjective outcome would introduce detection bias, and lack of secondary assessors compounds this potential risk. Additionally, the authors did not provide adequate information to assess allocation concealment, a potential high source of bias.

Second, a closer look at the final House-Brackmann grades does not support the superior efficacy of combination therapy. Although more combination therapy patients achieved the primary outcome (House-Brackmann grade 1 or 2) by the end of the trial, numerically more patients in the steroid group (39.3% vs 31.3% with combination therapy) achieved House-Brackmann grade 1 (ie, complete recovery, the primary outcome of most Bell's palsy studies). This lower rate of complete recovery with the addition of antivirals also was found in severe subgroups of 2 high-quality trials.<sup>3,4</sup> The high loss to follow-up and use of per-protocol analysis further compromise the durability of results.

Lastly, the authors undermine their impartiality with apparently biased reporting of prior literature. For example,

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although cited in their article, the large randomized controlled trial by Sullivan et al<sup>5</sup> (which showed a trend towards antiviral agents producing worse outcomes) is omitted from their summary (their Table 4) and meta-analysis (their Figure 2) of recent studies. There also appear to be multiple inconsistencies in the numbers presented in their meta-analysis. Finally, presentation of their results using odds ratios (both for prior studies and their current study) exaggerates the apparent benefit of antiviral agents.

In summary, we feel that the trial as reported does not provide robust evidence of benefit with antiviral agents in severe Bell's palsy. Greater transparency from the authors would, however, allow for a better assessment of the potential value of this intervention.

Ricky D. Turgeon, BSc (Pharm), ACPR<sup>a</sup>

G. Michael Allan, MD, CCFP<sup>b</sup>

<sup>a</sup>Doctor of Pharmacy Student  
Faculty of Pharmaceutical Sciences  
University of British Columbia  
Vancouver, BC  
Canada

<sup>b</sup>Evidence-Based Medicine  
Department of Family Medicine  
University of Alberta  
Edmonton, Alberta  
Canada

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