

To the Editors:

Evidence based medicine

Evidence based medicine is not hard to practice. The argument that evidence based medicine can be practised only in armchairs and conference tables is frivolous. So is the argument that it is time consuming. Recently our units saw several patients with Bell's palsy. During our evening clinical forum questions were raised about the best treatment of Bell's palsy and supporting evidence. We decided to do our own systematic review of the literature on medical management of Bell's palsy. We searched Medline (1966-December 2000), UpToDate 8.4 and the Cochrane library (issue 4, 2000) for randomised trials comparing different drug treatments for Bell's palsy.

We searched for answers to the following questions in each study: the best drug, the optimal dose and duration, when to start treatment, effectiveness and time taken for recovery.

We excluded the studies which lacked drug comparison and others because abstracts lacked relevant information. Our search strategy identified one meta-analysis of 47 trials comparing prednisolone and placebo, and a randomised study which compared prednisolone plus acyclovir with prednisolone plus placebo.

Treating with prednisolone was statistically more favourable than placebo according to the meta-analysis. Prednisolone therapy gave a 17% enhancement in complete facial recovery compared with no corticosteroid therapy (1). The double-blind study of 99 patients with Bell's palsy who were treated with acyclovir plus prednisolone or placebo plus prednisolone was reviewed next (2). Doses used in this study were acyclovir 400 mg five times daily and prednisolone 60 mg a day. The out-

come in acyclovir-prednisolone treated patients was statistically better in returning volitional muscle motion ($p=0.02$). Patients were treated for 10 days before the analysis, and treatment was started within 3 days of onset of paralysis.

We found conclusive evidence concerning the efficacy of prednisolone for treatment of Bell's palsy and convincing evidence to support acyclovir and prednisolone combination as the treatment of choice at present. Until further studies comparing different dosing schedules are available acyclovir 400 mg five times daily and prednisolone 60 mg daily should be considered as optimal. Treatment should be started within 3 days of onset of paralysis and should be continued for at least 10 days.

We were not in a position to inspect all the references of all identified studies, nor did we find any consensus statement from any international body. We did not contact authors for relevant complementary information. Obviously our systematic review did not comply with all the rigorous criteria or the statistical analysis that is usually employed.

Evidence based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about care of individual patients. By best evidence is meant clinically relevant research, often from patient centred clinical research (3). This evidence comes from meta-analyses and randomised trials. However, search was not restricted randomised trials and meta-analysis. When necessary evidence is not forthcoming in randomised trials or meta-analysis we should track down the next best evidence (3). Our attempt served its purpose. It encourages us to do more.

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References

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