

Tremor

Frequently Asked Questions (FAQs)



INDIAN ACADEMY OF
NEUROLOGY

A Public Information Initiative

Q.1. What is tremor?

Ans. Tremor refers to rhythmic 'to and fro' movements of a part of the body.

Q. 2. What are the causes of tremor?

Ans. Tremor arises due to problems in areas of the brain that control muscular action throughout the body, or in particular areas, such as the hands. Neurological disorders that produce tremors include stroke, multiple sclerosis, tumors and neurodegenerative diseases that damage or destroy parts of the brainstem or the cerebellum. Other causes include the use of some drugs (such as amphetamines, corticosteroids, and drugs used for certain psychiatric disorders). Few forms of tremor are inherited and have a family history.

Q. 2. What are the features of tremor?

Ans. The predominant characteristic is a rhythmic shaking in any body part. Commonly involved body parts are the hands, arms, head, legs, and trunk. Additionally, shaky voice, difficulty writing or drawing, holding objects and manipulating things can also be present. Some tremors may get exaggerated during times of stress or heightened emotions. Tremor may occur at any age but is most common in middle-aged and elderly persons.

Q. 3. How is tremor diagnosed?

Ans. During a physical examination, the neurologist can determine whether the tremor occurs primarily during action or at rest. A detailed family history may indicate if the tremor is inherited. Blood or urine tests can detect thyroid malfunction, other metabolic causes, and abnormal levels of certain chemicals that can cause tremor. These tests may further help to identify the contributing causes such as, drug interactions, chronic alcoholism, or another condition or disease. Diagnostic imaging using computerized tomography (CT) or magnetic resonance imaging (MRI) may help determine if the tremor is the result of a structural defect or degeneration of the brain. The neurologist may order an EMG to diagnose muscle or nerve problems. This test measures the involuntary muscle activity and muscle response to nerve stimulation.

Q. 4. What is the treatment for tremors?

Ans. There is no cure for most tremors. The appropriate treatment depends on accurate diagnosis of the cause.

- Some tremors respond to treatment of the underlying condition. For example, in cases of psychogenic tremor, treating the patient's underlying psychological problem may cause the tremor to disappear.
- Symptomatic drug therapy is available for several forms of tremor. Drug treatment for parkinsonian tremor involves levodopa and/or dopamine-like drugs such as pramipexole or ropinirole. Other drugs used to lessen parkinsonian tremor include, amantidine hydrochloride and anticholinergic drugs.
- Essential tremor may be treated with propranolol – an antihypertensive, or primidone - an anticonvulsant drug.
- Cerebellar tremor, typically, does not respond well to medical treatment.

- Dystonic tremor may respond to clonazepam, anticholinergic drugs, and intramuscular injections of Botulinum toxin. The latter is also prescribed to treat voice and head tremors and several movement disorders.
- Clonazepam and primidone may be prescribed for primary orthostatic tremor.
- Eliminating tremor "triggers" such as caffeine and other stimulants from the diet is often recommended.
- Surgical interventions such as, thalamotomy and deep brain stimulation may ease certain tremors. These surgeries are usually performed only when the tremor is severe and cannot be controlled satisfactorily with drugs.

Q. 5. Is it genetic?

Ans. Around 50% of cases of essential tremors could be genetic and other tremors of cerebellar origin could be familial. The rate of transmission varies according to the cause. But not all tremors are genetic.

Q. 6. Is every tremor suggestive of Parkinson's disease?

Ans. An isolated tremor which is present for several years without any progressive slowness of movement or gait, and without any stiffness or tightness of limbs is not suggestive of Parkinson's disease. The possibility of it being an essential tremor is more likely, especially if it is a postural tremor.

Q.7. When is it necessary for a patient with tremors to consult a neurologist?

Ans. Any tremor which is disabling requires a neurologist's attention. In addition, any tremor associated with change of gait, change of speech, abnormal posturing of limbs, persistent asymmetry, occurring during rest or during approach of a target, cognitive impairment, or postural imbalance must necessarily be seen by a clinician.

Q.8. What is rabbit syndrome?

Ans. The rabbit syndrome is a rest tremor of perioral (mouth) and nasal muscles. It is a late side-effect of antipsychotic drug therapy. Therefore, a detailed drug history must be taken in people presenting with perioral tremor.

Q. 9. Will it progress?

Ans. The rate of progression may vary depending on the type and the cause of tremor. Generally, it is slowly progressive and other regions may get involved at later stages.

Q.10. Is stem-cell treatment helpful?

Ans. No, as of now, studies have not shown any benefit of stem cell therapy. It is, therefore, not advocated in the treatment of the same.

Q.11. Does it involve the memory and other cognitive domains?

Ans. Yes, it might, and it all depends on the type and the cause of the tremor.

Q.12. Does surgery help?

Ans. Surgical intervention such as thalamotomy and deep brain stimulation may ease certain tremors. These surgeries are usually performed only when the tremor is severe and cannot be controlled satisfactorily with drugs.

Q.13. How long does the treatment need to be taken?

Ans. Treatment is symptomatic and the medications available are helpful in reducing the tremor. In tremors that are secondary to drugs, toxins, or acquired causes, treatment may be stopped after improvement is noticed. However, for hereditary causes, indefinite treatment is necessary.

Q.14. Can tremors occur only on one side of the body?

Ans. Yes, this is commonly seen with disorders involving one side of the brain, which could be a stroke, tumor, or any other focal lesion.

Q.15. How would one differentiate intermittent psychogenic tremor involving one side of the body from a focal seizure?

Ans. A focal seizure could occur in sleep, while a psychogenic tremor would not. An EEG, particularly a sleep record would help in further clarification which would be abnormal in case of a seizure.

Disclaimer:

This brochure is for the general information of the public and the patients. People should not self-medicate themselves with the medicines and treatments mentioned here. Before taking any of the medications mentioned in the information brochure, please consult your neurologist

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