Essential Tremor

– advice for initial management in primary care

based on 'Essential Tremor: Diagnosis and Management'.
BMJ 2019;366:l4485: https://www.bmj.com/content/366/bmj.l4485

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Introduction

This Fact Sheet provides information on how to treat patients with Essential Tremor in different situations and circumstances.

Essential Tremor

Essential Tremor is the most common movement disorder of adults and is defined as a bilateral arm tremor, affecting the hands and forearms, although it can affect most other body parts.

The condition used to be called 'Benign Essential Tremor', but changed name as it is not benign for some patients.

It becomes more common as we age (around 5% over 65 years), but a younger onset (under 24 years) is recognised and affects men and women equally. Onset and progression are both subtle and the arm tremor usually happens with movement of the hand and/or arm. While the tremor may be asymmetric, it is always bilateral (as opposed to Parkinson's Disease tremor).

Additional symptoms, or manifestations, can be head (not seen in Parkinson's disease and isolated head tremor, but more often dystonic than Essential Tremor), jaw/chin and vocal tremors.

Key features:

Action tremor (e.g. holding cup or pen).

Affects both arms.

Family history and alcohol responsiveness common.

Around half of patients report alcohol responsiveness and/or a family history. A variety of other neurological symptoms can occur, more recently labelled as "Essential Tremor plus" syndrome.

Whilst progressive, it is not disabling for the majority, but it can cause social embarrassment as well as fears of more life-threatening conditions. A number of drugs can also exacerbate or cause tremor.

Do patients need investigation in primary care?

All patients with tremor should be tested for thyroid function.

Do patients need to see a Neurologist?

Not necessarily if the diagnosis is obvious, but neurologists will be happy to see for diagnostic clarification or management problems.

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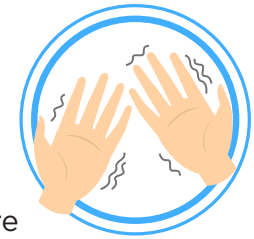
What lifestyle advice should be offered?

Where appropriate, reassure the patient that they do not have a more serious condition - the most feared is Parkinson's disease, which presents with a unilateral, rest tremor, as opposed to the bilateral kinetic tremor of Essential Tremor.



Avoid stimulants (e.g. caffeine) if noted to exacerbate symptoms. Consider whether Beta agonist inhalers or nebulisers could be a factor and whether there are alternatives. Judicial use of small amounts of alcohol may be appropriate.

Treatment of Essential Tremor

Many will require nothing more than reassurance. Remind the patient that 1 in 20 over 65 years have the condition and it is rare for it to become disabling. If troublesome, then consider:

First Line Therapies

Propranolol MR: start at 80mg/day, this may be titrated upwards, 80 to 160mg/day usual therapeutic dose but may be increased to maximum 320mg in resistant cases if tolerated.

Primidone: start at 25mg-50mg at night (available as 50mg and 250mg tablets, halving may be difficult for people with tremor). Titrate up slowly over 4-6 weeks to maximum 750 mg/day (3 times a day), however, few can tolerate this drug due to sedation. Those patients who do successfully become established on the drug, report with improvement of tremor, but that they had to endure several weeks of side effects before 'getting used' to being on the drug. Primidone is teratogenic.

Second Line Therapies

Include topiramate, gabapentin, clonazepam although experience with these second line drug therapies is disappointing. People very disabled with drug resistant tremor may be considered for Deep Brain Stimulation or MRI guided focused ultrasound therapies.

Patient information:

The National Tremor Foundation **https://tremor.org.uk/**

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