

Primary Care Advice and Guidance

Tremor

The most common causes of tremor are Essential Tremor (ET) and Parkinson's Disease (PD)

The most useful questions to distinguish these are:

- ➔ **Is the tremor unilateral (PD) or bilateral (ET)?**
- ➔ **Is it worse at rest (PD) or with action and posture (ET)?**
- ➔ **Are there any other symptoms that may suggest Parkinson's Disease – problems with dexterity, stiffness, slowness, balance, change in gait or speech?**

All cases of suspected PD should be referred to secondary care before initiating treatment.

Please see second page for further advice on Essential Tremor (ET).

Essential Tremor (ET)

Essential Tremor (ET) is more common than PD and a positive family history is present in over half of patients. ET typically causes a bilateral tremor affecting the hands which is worse with posture or with action. Patients typically describe a tremor while holding cups and cutlery, or while writing, and the tremor often improves with alcohol. Tremor of the head, voice or legs may be present but is less severe than in the hands. ET increases with age and in most patients progresses slowly, causing more social embarrassment than disability.

Do patients need investigation in primary care?

- ➔ Thyroid function tests should be performed.
- ➔ Review alcohol history and regular medication for any potentially aggravating tremor.

Lifestyle management

Not all patients need treatment with drugs, and sometimes reassurance is all that is required, in particular that they do not have Parkinson's disease. Patients may find useful information at www.tremor.org.uk

Tips on reducing symptoms

- Avoid caffeine
- Reduce stress and relaxation techniques
- Sufficient sleep
- Use of heavier cutlery when eating and advise the use of wrist weights.
- Use of a heavier cup when drinking and drinking through a straw
- Type instead of writing



Medical Treatment

Indicated if ET begins to affect daily activities. Intermittent therapy (e.g. 10-40mg propranolol 1 hour before a social activity) can be used if short-term symptom relief is desired.

First line treatment

1. Propranolol MR: start at 80mg, maintenance usually 80-160mg daily though doses up to 320mg may be required. Side effects include light-headedness and bad dreams. Slow acting preparations can be considered.
2. Primidone; start at 25-50mg at night. Titrate slowly if tolerated to a maximum of 250mg three times a day. Side effects include sedation, nausea, fatigue, unsteadiness. Frequently not tolerated but side effects tend to improve with continued therapy.

Second line Treatment

Alternatives include topiramate (contraindicated in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled), gabapentin or clonazepam.

Who to refer?

Consider referral for diagnostic clarification or disabling symptoms despite medical treatment.
Consider referring patients with troublesome tremor of the head to a movement disorder clinic.