

Enhanced Primary Care Pathway: Essential Tremor

1. Focused summary of ET relevant to primary care

Essential Tremor (ET) and Parkinson’s Disease (PD) are two of the most common movement disorders encountered by family doctors; both present with tremor but the 2 disorders are treated differently. The diagnosis of ET is clinical and other than common metabolic conditions, investigations are not required. Treatment can produce significant benefit and may be initiated without a neurology referral.

ET is the most common movement disorder; the tremor is present when holding objects, performing tasks and is usually of slightly higher frequency (5-8 Hz). It is important to exclude secondary conditions such as hyperthyroidism, liver and renal dysfunction/failure, and drugs causing postural tremor (valproate, lithium, SSRIs, SNRIs, amiodarone) as other causes of a postural tremor. Excessive caffeine consumption (more than 2 or 3 eight oz cups of coffee per day, chocolate, soft drinks) can also cause tremor that looks like ET.

ET is typically characterized by a significant family history of the same tremor and beneficial response to 1-2 drinks of wine or beer (or other alcoholic beverage; it is important to ensure that alcohol dependency is not present as potential self-treatment). Depending on the family history, the tremor may present at a wide range of ages and many patients with ET do not need treatment. However, ET is a progressive condition. When there is sufficient functional impairment (writing, using utensils, working), it is appropriate to discuss medication as treatment.

COMPARISON OF TREMOR IN ET AND PD

Essential Tremor	Parkinson’s Disease
<ul style="list-style-type: none"> • Head/voice tremor • Bilateral onset of tremor, usually hands • ETOH responsive (1-2 drinks wine/beer) • No cogwheel rigidity • Writing large and tremulous • Tremor better with walking • Positive family history • Tremor present with holding objects or performing tasks 	<ul style="list-style-type: none"> • Chin tremor • Unilateral onset of tremor/bradykinesia • ETOH unresponsive • Cogwheel rigidity • Writing small (micrographia) • Tremor emerges with walking with reduced arm swing • Often, no clear family history • Tremor present at rest

