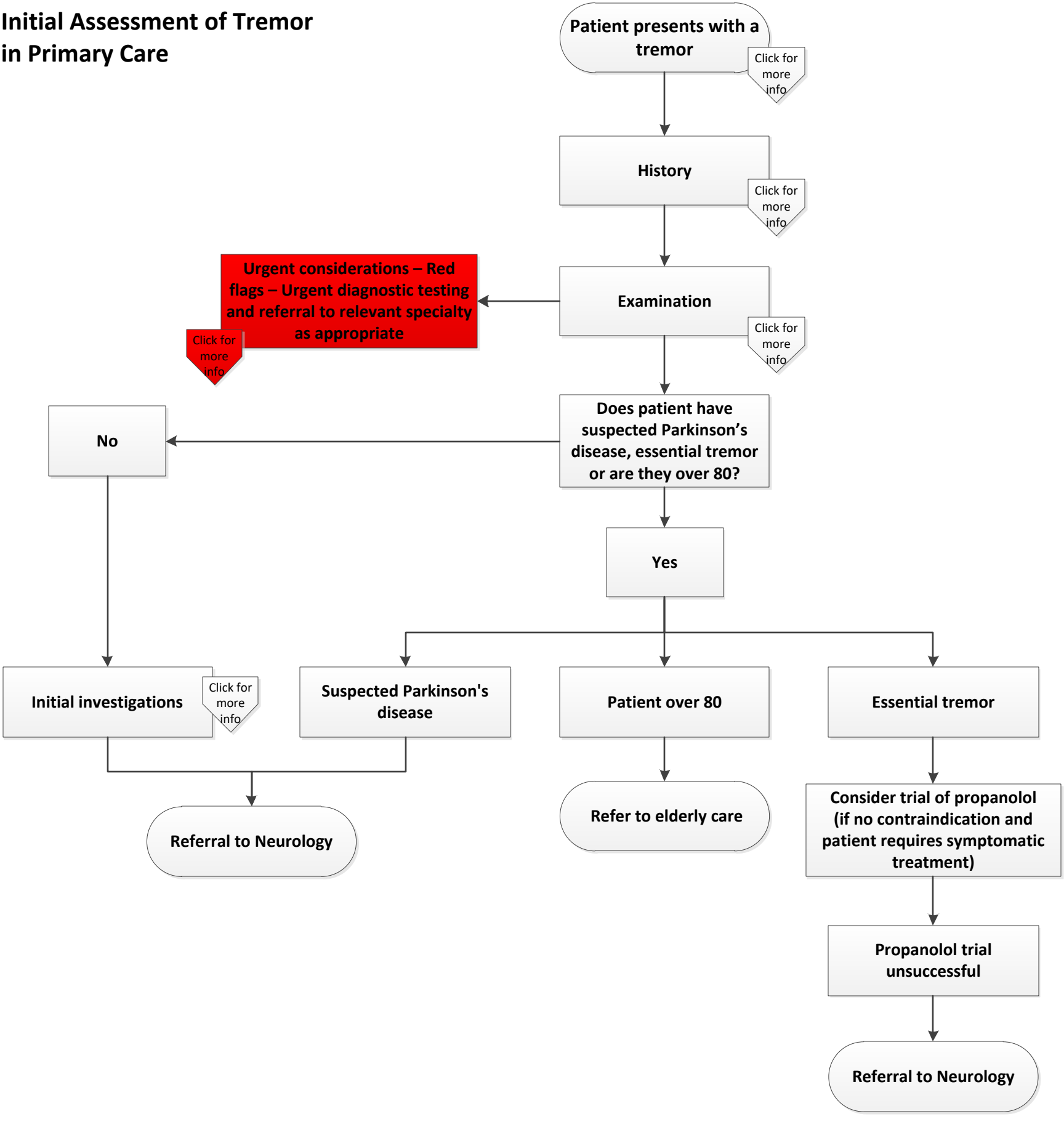
Initial Assessment of Tremor in Primary Care



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Patient presents with a tremor – defined as an involuntary rhythmic oscillation of ≥1 body parts, mediated by alternating contractions of reciprocally acting muscles

This pathway is contains information from BMJ Best practice: Assessment of tremor https://bestpractice.bmj.com/topics/en-gb/974/pdf/974.pdf

Differential diagnoses

Common

- Parkinson's disease
- Lewy body dementia
- Enhanced physiological tremor
- Hypoglycaemia (enhanced physiological tremor)
- Thyrotoxicosis (enhanced physiological tremor)
- Alcohol withdrawal (enhanced physiological tremor)
- Essential tremor
- Drug-induced tremor

Uncommon

- Multiple system atrophy
- Progressive supra-nuclear palsy
- Cortical basal degeneration
- Toxin-induced tremor
- Post-encephalitic parkinsonism
- Phaeochromocytoma (enhanced physiological tremor)
- Cerebellar tremor (multiple sclerosis, trauma, or stroke)
- Fragile X tremor ataxia syndrome (FXTAS)
- Orthostatic tremor
- Primary writing tremor
- Neuropathic tremor
- Wilson's disease
- Rubral tremor
- Psychogenic tremor

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History

- Type (e.g. Rest versus action tremor)
- Age at tremor onset
- Nature of tremor onset
- Body region affected
- Exacerbating and relieving factors
- Review of symptoms
- Functional limitations (e.g., cup holding, hand writing, social embarrassment)
- Medicines, possible exposure to toxins
- Family history
- Social history

See BMJ best practice for more details https://bestpractice.bmj.com/topics/en-gb/974/pdf/974.pdf

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Examination

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Inspection/observation

Full Neurological examination:
Including: assessment of cranial nerves, cerebellar function, gait, sensory and motor examination and mental status.

Initial consideration should be given as to whether the tremor is a rest or action tremor.

Rest tremors may fluctuate in amplitude but are typically 3 to 6 Hz in frequency. They are most commonly caused by Parkinson's disease (PD) or other parkinsonian syndromes.

Examples include:

- PD
- Lewy body dementia
- Multiple system atrophy (MSA)
- Progressive supra-nuclear palsy
- Toxin-induced parkinsonism
- Post-encephalitic parkinsonism

Action tremors are more common than rest tremors. They include postural, kinetic, isometric, or task-specific tremors.

- Examples include:
- Enhanced physiological tremor
- Essential tremor
- Cerebellar tremor (multiple sclerosis, trauma, stroke)
- Fragile X tremor ataxia syndrome (FXTAS)
- Orthostatic tremor
- Primary writing tremor
- Neuropathic tremor

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Initial investigations

- Metabolic panel – Liver function tests, serum calcium, glucose, electrolytes
- Thyroid function tests
- B12

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Urgent considerations - Red flags – Urgent diagnostic testing and referral to relevant specialty as appropriate

Physiological tremor can be enhanced by several metabolic conditions and alcohol withdrawal. Diagnostic testing for these conditions should be performed urgently. Alcohol withdrawal tremors also need to be recognised and treated urgently.

- **Hypoglycaemia (enhanced physiological tremor)**
- **Thyrotoxicosis (enhanced physiological tremor)**
- **Phaeochromocytoma (enhanced physiological tremor)**
- **Alcohol withdrawal (enhanced physiological tremor)**
- **Cerebellar tremor (multiple sclerosis, trauma, or stroke)**