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Essential Tremor

Patient education guide · Movement Disorders · Madison Neurology LLC

What is it?

Essential tremor is the most common movement disorder — an involuntary, rhythmic shaking that typically affects the hands during action (holding a cup, writing, eating) and often the head or voice. It is not Parkinson's disease: the tremor appears with movement rather than at rest, and it does not cause slowness or stiffness.

How does it happen?

Essential tremor runs in families in over half of cases (autosomal dominant inheritance), though severity varies within families. It involves altered signaling in brain circuits connecting the cerebellum and motor areas. Caffeine, stress, fatigue, and some medications temporarily worsen it; a small amount of alcohol famously (but temporarily) reduces it.

Common symptoms

- Rhythmic shaking of the hands during action — eating, drinking, writing
- Head tremor (nodding 'yes' or shaking 'no') or voice quiver
- Tremor worsened by stress, caffeine, fatigue
- Usually both sides, often slightly worse on one
- Gradual progression over years

How is it diagnosed?

Diagnosis is clinical, based on the characteristic action tremor pattern. Testing (thyroid function, medication review, sometimes brain imaging) excludes mimics. There is no lab test for essential tremor itself.

How is it treated?

Many people need no treatment beyond reassurance and trigger reduction. When tremor interferes with daily life, first-line medications are propranolol (a beta-blocker) and primidone; topiramate and gabapentin are alternatives. For severe medication-resistant tremor, focused ultrasound (incisionless thalamotomy) and deep brain stimulation (DBS) are highly effective, and Botox can help head and voice tremor. Weighted utensils and wrist weights help practically.

What does the future hold?

Essential tremor is slowly progressive but not degenerative — it does not shorten life or spread to other neurological problems. Treatment controls rather than cures, and most people manage well. Modern surgical options offer major relief when medications fall short.

Questions patients commonly ask

Q: Is this early Parkinson's?

A: No — essential tremor appears during action, spares rest, and lacks slowness/stiffness; the two conditions are distinct, though they can be confused early on.

Q: If my parent has it, will I?

A: There's about a 50% chance with a positive family history, but severity is unpredictable and often milder.

Q: Does alcohol really help?

A: It does temporarily — which is diagnostically telling — but it's not a treatment strategy; rebound worsening and dependence are real risks.

National support groups & resources

- **International Essential Tremor Foundation** — essentialtremor.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

(Organization contact details were current at the time of compilation; please verify online.)

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