

# Case Studies in Tremor



Vicki L. Shanker, MD

## KEYWORDS

- Tremor • Parkinson's disease • Essential tremor • Dystonia • FXTAS
- Functional tremor

## KEY POINTS

- A detailed tremor history is essential and will guide the clinician's physical examination.
- Specific attention should be made to assessing the tremor at rest, posture, and action. When there is an action tremor, multiple tasks, such as writing and pouring, should be introduced into the examination.
- Significant tremor in all modalities is rare and should prompt a differential of less-common tremor causes, such as psychogenic tremor. Clinicians should familiarize themselves with red flags in the history and pearls to the examination to identify functional tremors.
- Fragile X-associated tremor/ataxia syndrome commonly causes action tremor with an intention component and may cause a parkinsonian tremor as well. Identification of the clinical and radiological features will help determine who should be genetically tested.



Video content accompanies this article at <http://www.neurologic.theclinics.com>.

## CASE 1: TREMOR IN A WOMAN WITH BIPOLAR DISEASE

### *Case Presentation*

A 70-year-old teacher with bipolar disorder presents to the office with hand tremors. Three years before presentation, she had a manic episode and was placed on lithium, quetiapine, and lamotrigine. Within 2 months of the initiation of these medications, she developed tremors in both hands. Tremors are most noticeable when she is lecturing and holding her laser pointer. Her handwriting is sloppier. The tremors are never present at rest. She performs activities of daily living (ADL) independently. She can drink holding a cup with one hand. She is able to pour liquids without spilling. She denies tremor in her voice or neck. She does not feel slower and has not had impairment of her gait or balance. She drinks 1 to 2 glasses of wine daily and is unsure if tremors improve after alcohol consumption. There is no family history of tremor.

---

The author has nothing to disclose.

Neurology, Icahn School of Medicine at Mount Sinai, 10 Union Square East, Suite 5H, New York, NY 10003, USA

E-mail address: [vshanker@chpnet.org](mailto:vshanker@chpnet.org)

Neurol Clin 34 (2016) 651–665

<http://dx.doi.org/10.1016/j.ncl.2016.04.012>

[neurologic.theclinics.com](http://www.neurologic.theclinics.com)

0733-8619/16/\$ – see front matter © 2016 Elsevier Inc. All rights reserved.

***What Are the Key Features of the History Which Will Help Achieve the Diagnosis?***

As with any neurologic complaint, a detailed history will help establish a diagnosis. Key features of tremor history include tremor onset, occurrence (ie, continuous, paroxysmal), quality (ie, resting, postural, action), severity (ie, ability to perform ADLs), associated symptoms, and exacerbating and alleviating factors.

Common causes of hand tremor in older patients include an enhanced physiologic tremor, essential tremor (ET), and Parkinson disease (PD). These conditions have key disease features that can guide the clinical examination and diagnosis as highlighted in **Table 1**.

The other components of the history are also useful in tremor assessment. There should be specific inquiry regarding the presence of other medical conditions as well as a detailed medication history. Tremor can be due to not only current medication but also medications recently discontinued as part of a withdrawal or tardive phenomenon. Social history should include exposure to alcohol and other toxic substances. Occupational exposures should be queried. Family history should include specific investigation of tremor or other movement disorders in the family.

In this case, the tremor has an acute-subacute onset and is present in both hands. Aside from the hands, the patient has not noted tremor in other body locations. The tremor is most noticeable when arms are outstretched (ie, holding a laser pointer) and possibly during action. Although tremor is bothersome, it has not interfered with ADL. It is unclear if alcohol improves symptoms. The medication history could be important in this case. The nature of the description suggests an enhanced physiologic tremor; however, an ET cannot be excluded.

***What Features of the Examination Will Help to Achieve the Diagnosis?***

The movement disorder examination is an essential component of tremor assessment. It is important to examine hand tremor during rest, action, and posture. As the history

<b>Table 1</b> <b>Distinguishing clinical features in common hand tremor conditions</b>			
	<b>Enhanced Physiologic Tremor</b>	<b>ET</b>	<b>Parkinson Tremor</b>
Disease onset/progression	Acute-subacute/static	Subacute-chronic/progressive	Subacute-chronic/progressive
Other common tremor locations	Uncommon	Voice, neck	Tongue, jaw, leg
Prominent tremor modality	Posture most common	Action most common	Rest most common
Hand involvement	Bilateral, usually symmetric	Bilateral, mildly asymmetric	Unilateral
Alleviating factors	Removal of underlying cause (ie, decreased caffeine consumption)	Alcohol	Activity
Other complaints	Nonspecific—often related to underlying cause	Difficulty performing ADLs, such as pouring, drinking from a cup, using a spoon, handwriting changes	Slowness, gait or balance changes, “frozen shoulder,” changes in voice

Download English Version:

<https://daneshyari.com/en/article/3077914>

Download Persian Version:

<https://daneshyari.com/article/3077914>

[Daneshyari.com](https://daneshyari.com)