



Essential Tremor (ET)

Types of tremor

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Tremor is an involuntary shaking of one or more body parts. There are many causes and types of tremor. One way to classify tremor is by looking at whether tremor occurs when a person is at rest, when active, or when engaging in a specific task such as handwriting. This article discusses these classifications of tremor along with their sub-types and how they relate, or do not relate, to ET.

Rest tremor occurs in a body that is supported or relaxed in such a way that there is no intended movement such as when lying in bed or sitting in a chair. Amplitude, or the size, of a rest tremor often increases during mental stress such as when counting backwards or during movement of other body parts as in walking. Rest tremor is typically suppressed by intentional movement.

Pill-rolling hand tremor is a type of rest tremor that is seen most commonly in patients with Parkinson's disease. The fingers and wrist move in a way similar to when a small round object such as a pill is rolled with the hand. Pill-rolling hand tremor is not characteristic of ET.

Postural tremor occurs when a person attempts to hold a body part motionless against the force of gravity such as when extending the upper arms horizontally, pointing at objects, sitting up straight in a chair without support for the upper body or sticking out the tongue.

Physiologic tremor is a postural tremor that everyone experiences. Often invisible, it can be seen by placing a piece of paper between the fingers of an outstretched hand.

Enhanced physiologic tremor is a visible postural tremor that occurs in the absence of neurologic disease and is caused by medical conditions such as anxiety, hypoglycemia, certain medications, hyperthyroidism and withdrawal from alcohol or benzodiazepines. It is usually reversible once the cause is corrected.

Orthostatic tremor is characterized by rhythmic muscle contractions of the legs and trunk immediately after standing. Tremor is felt in the thighs and legs and may not be visible. The patient is bothered most by a sensation of unsteadiness while standing but not while walking. The shakiness stops when sitting or reclining. Symptoms resembling orthostatic tremor occasionally occur in ET, but most clinicians believe that classic orthostatic tremor and ET are different disorders. (See Orthostatic tremor: ET or Not?, Spring/Summer 2009, Tremor Talk)

Kinetic tremor occurs during a voluntary movement such as reaching, writing, drawing, pouring water, drinking from a cup, eating with utensils, and speaking.

Intention tremor is a kinetic tremor that occurs during visually guided movements toward a target destination such as when looking at and then reaching for a pen lying on a table. Little or no tremor is present at the beginning of the movement, but as the hand approaches the pen, there is a dramatic increase in tremor. During a neurological examination, intention tremor can be seen when first touching one's own nose and then reaching out to touch the physician's finger. Tremor is seen as one's finger approaches the nose and the physician's finger but there is much less tremor in between the two targets.

Task-specific tremors are largely or solely limited to a specific task or movement such as writing, speaking, or smiling.



Our Mission:

The IETF funds research to find the cause of essential tremor (ET) that leads to treatments and a cure, increases awareness, and provides educational materials, tools, and support for healthcare providers, the public, and those affected by ET.