

Tremor

Tremor is caused by many disorders, not all of which require neurological assessment



Fine

Unlikely to have a neurological cause



Consider:

- Enhanced physiological tremor
- Hyperthyroidism
- Anxiety
- High-dose beta agonist use

Coarse

More likely to have a neurological cause



Rest

- resting tremor, particularly asymmetrical, is suggestive of Parkinson's disease (PD)

- best seen with the arms relaxed on the thighs

- remember, many PD patients do not have tremor at all

Posture

- arms out in front, fingers slightly spread

- usually, PD tremor will briefly vanish, then re-emerge

- abnormal posturing of the hand suggests dystonia

Action

- finger-nose testing

- tremor during these movements is not typical of PD

Site

- arms, legs, jaw - common in PD

- head tremor ("no-no"; "yes-yes") is more likely to be essential or dystonic tremor, both of which are common and can look very like PD

Green flags for PD

- Slowness of movement must be present
- Other motor symptoms to look out for:
 - difficulty turning in bed
 - shuffling gait
 - reduced arm swing
- Non-motor clues:
 - loss of smell
 - depression
 - dream enactment or fragmented sleep
 - nocturia, urinary urgency, constipation

Red flags for PD

- Early hallucinations, cognitive decline - think dementia with Lewy bodies
- Early falls - think Progressive Supranuclear Palsy
- Early autonomic symptoms - orthostatic hypotension, erectile dysfunction, bladder disturbance, odd nocturnal breathing patterns - think Multiple System Atrophy
- Drugs - anti-emetics (Stemetil, betahistine, metoclopramide), antipsychotics - think drug-induced

Referral recommendations

- Please refer all patients untreated for assessment
- Diagnosis remains clinical and misdiagnosis rates are high - please bear this in mind if planning to discuss your concerns with patients
- Brain imaging is the exception rather than the rule
- All patients with suspected or confirmed PD will require long-term, specialist follow up