
Tremor

Characteristics: Rapid regular movements of body parts, especially hands. Classified as fine vs coarse, and as resting vs postural vs intention.

Meds That Cause It: Lithium (fine intention tremor), valproic acid (fine), lamotrigine, bupropion, antipsychotics (parkinsonian, resting coarse tremor), especially high-potency first-generation agents, risperidone. Occasionally SSRIs and buspirone.

Mechanism: Multiple mechanisms depending on cause. Medication-induced tremor may be induced by excitability in muscle receptors and neuronal reflexes.

General Management:

- Rule out unrelated causes, such as essential tremor or hyperthyroidism.
- Most drug tremors are fine postural tremor (seen best when patient is holding a fixed posture, such as holding hands up with arms extended).
- Reduce use of caffeine, which can worsen all tremors.
- Change dosing to minimize peak blood levels (eg, split dosing, switch to an extended-release version, or give full dose before sleep).
- Reduce dose or switch agents.

First-Line Medications:

- Propranolol (Inderal) 10 mg BID as needed, ↑ by 10–20 mg/day increments weekly; can go up to 30–120 mg daily in two or three divided doses. SE: Dizziness, fatigue, syncope, low BP.
- Inderal LA. Long-acting propranolol that can be dosed 60–80 mg once a day.
- Benztropine (Cogentin) 1 mg BID for parkinsonian tremor (due to antipsychotics).

Second-Line Medications:

- Primidone (Mysoline) 100 mg three times a day.
- Vitamin B6 for lithium tremor 900–1200 mg daily.
- Amantadine (Symmetrel) 100–200 mg BID for parkinsonian tremor (due to antipsychotics).
- Various anticonvulsants such as topiramate (Topamax), gabapentin (Neurontin), oxcarbazepine (Trileptal).

Clinical Pearls:

- Try to systematically track the severity of the tremor over time. Options include taking a quick video at each appointment, having patients copy a design or write their name and address, or having them drink a cup of water. Take notes or include samples during visits.
- Don't forget that tremor can signal alcohol or benzodiazepine withdrawal—something you might want to ask patients about.

Fun Fact:

One in five people over the age of 65 may have essential tremor (not associated with medication).