CONDITION

Familial tremor

Familial tremor is involuntary shaking that occurs in families, most often as a form of essential tremor.

WHAT IT IS
Inherited tendency to develop rhythmic shaking

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Hand shaking, head tremor, voice tremor, task difficulty

WHAT CAUSES IT
Inherited susceptibility, often with other unknown factors

HOW IT IS DIAGNOSED
Neurological examination and ruling out other causes

MAIN TREATMENT
Medicines, practical adaptations, injections, or procedures

CAN IT BE CURED?
No - treatment reduces symptoms, not inherited tendency

IS IT AN EMERGENCY?
Sometimes - sudden onset or stroke signs need emergency care

LONG-TERM OUTLOOK
Often slowly progressive without shortening life expectancy

Overview

A tremor is a repeated, involuntary shaking movement. "Familial tremor" means that similar tremor occurs in more than one family member. It is usually a form of essential tremor , a neurological condition that mainly causes shaking during movement or while holding a position.

Familial tremor is not a single genetic diagnosis. Essential tremor can run in families, but its genetics are complex and not fully understood. Less commonly, inherited tremor may be part of another neurological condition.

The hands and arms are most often affected, although tremor can involve the head, jaw, or voice. It does not usually cause weakness or loss of feeling, but it may interfere with writing, eating, drinking, using tools, or speaking clearly.

Mild tremor may need no treatment. If it disrupts daily life, medicines, practical adaptations, injections, or specialist procedures may help.

Symptoms

Familial essential tremor usually appears during action - while moving or holding part of the body against gravity. Examples include lifting a cup, writing, using cutlery, or holding the arms out.

Common features include:

The tremor may be barely visible at first. Symptoms can vary from day to day and may become more noticeable over years.

Anxiety does not cause familial tremor, but strong emotions may temporarily make it worse. Some medicines, nicotine, caffeine, lack of sleep, and low blood sugar can also increase shaking.

Shaking mainly while a relaxed hand is resting is less typical of essential tremor. Rest tremor has several possible causes, including Parkinson's disease, and should be assessed rather than assumed to be familial.

- Shaking in both hands or arms, although one side may be worse
- Head movement that looks like nodding or turning
- A shaky or unsteady voice
- Difficulty with precise tasks such as fastening buttons
- Tremor that worsens with stress, tiredness, or caffeine

Causes and risk factors

Familial tremor reflects an inherited susceptibility. Genetic changes may increase the chance of developing tremor, but the exact genes are often unknown. Even within one family, the age of onset and severity can differ.

Some families appear to have a dominant inheritance pattern , meaning the tendency can pass from an affected parent to a child. However, essential tremor does not always follow a simple pattern, and inheriting susceptibility does not guarantee symptoms.

Having a close relative with essential tremor increases the likelihood of developing it. Tremor can begin at almost any age, though many people first notice it in adulthood or later life.

Not every tremor that occurs in a family is essential tremor. Thyroid problems, medicine effects, excessive alcohol use or withdrawal, and other neurological conditions can cause similar shaking. Rare inherited disorders may cause tremor alongside problems with movement, balance, learning, vision, or sensation.

Diagnosis

There is no blood test, brain scan, or routine genetic test that confirms common familial essential tremor. Diagnosis is based mainly on symptoms, family history, and a neurological examination.

A clinician may observe your hands while they are resting, held out, and moving toward a target. You may be asked to write, draw a spiral, pour water, or drink from a cup. The examination may also assess muscle tone, walking, balance, reflexes, eye movements, and coordination.

Current movement-disorder classifications describe essential tremor as an isolated action tremor affecting both upper limbs for at least three years. It may also affect the head or voice. A shorter history can still be assessed and monitored, but a specific label may not be applied immediately.

The clinician will review medicines, supplements, caffeine and alcohol use, and when the tremor started. Blood tests may check for another cause, such as an overactive thyroid or metabolic problem.

Brain imaging is not routinely needed when the history and examination are typical. It may be arranged if tremor began suddenly, is strongly one-sided, or occurs with other neurological changes. Specialised scans may sometimes help distinguish Parkinson's disease, but they do not confirm essential tremor.

Genetic testing does not usually identify the cause of common familial tremor. It may be considered if there are signs of a different inherited syndrome.

Treatment and management

Treatment depends on how much tremor affects your life, not simply how visible it is. Mild symptoms may need only monitoring and practical changes.

An occupational therapist can suggest ways to make tasks easier. Options include cups with lids, utensils with larger handles, voice-to-text software, or supporting your arms during detailed work.

Medicines may be offered when tremor interferes with eating, writing, work, hobbies, or social activities. Propranolol and primidone are among the most established medicines for essential tremor. Other medicines may be considered if these do not help or are unsuitable.

Benefits may be partial, and side effects are possible. Treatment choice depends on other health conditions, current medicines, and whether symptoms are constant or mainly troublesome during particular activities.

Botulinum toxin injections can reduce selected hand, head, or voice tremors by temporarily weakening specific muscles. Possible drawbacks include unwanted hand or neck weakness. Voice treatment may affect swallowing or voice strength, so it requires specialist assessment.

For severe tremor that remains disabling despite other treatment, a movement-disorder team may discuss:

These procedures can substantially reduce tremor in selected people, but they do not cure the inherited tendency. They have different risks, may treat only one side, and are not suitable for everyone.

Alcohol may briefly reduce essential tremor in some people. It is not recommended as treatment because the effect wears off, tremor may rebound, and regular use creates other health risks.

- Deep brain stimulation , which uses implanted electrodes to change activity in a movement-control area of the brain
- Focused ultrasound thalamotomy , which uses ultrasound energy to create a small, permanent lesion in that area

Complications

Familial tremor does not usually shorten life. Its main complications come from interference with daily activities.

Hand tremor may make it difficult to eat, prepare food, write, shave, apply makeup, or handle small objects safely. Voice or head tremor can affect communication and cause embarrassment, even though it does not reflect anxiety or lack of confidence.

Some people reduce work, hobbies, or social contact because of their symptoms. Emotional support may help if tremor affects self-esteem or leads to avoidance.

Balance problems are not a defining feature of uncomplicated essential tremor. New falls, marked unsteadiness, weakness, stiffness, or changes in thinking need reassessment because they may have another cause.

Prevention

An inherited susceptibility to familial tremor cannot currently be prevented. No diet, supplement, or exercise programme has been proven to stop it from developing.

Getting enough sleep, eating regularly, and limiting triggers such as excess caffeine may reduce temporary worsening. These measures manage symptoms but do not prevent or cure the condition.

Routine predictive genetic testing is not available for most families with essential tremor. Genetic counselling may help when tremor is part of a suspected inherited disorder.

Living with it and what to expect

Familial essential tremor is usually long term. It may remain mild for years or gradually become more noticeable. Daily severity can rise and fall with stress, illness, sleep, temperature, caffeine, and physical effort.

Treatment may need to change over time as symptoms, health needs, or side effects change. Practical adaptations can remain useful even when medical treatment is working.

Most people continue to live independently. Some change how they perform tasks, use assistive equipment, or explain the tremor to colleagues and friends. Tremor does not affect intelligence and is not a sign of personal weakness.

Routine follow-up is appropriate if the diagnosis is stable and symptoms are manageable. Arrange a review if the shaking changes substantially, affects new parts of the body, or interferes more with eating, drinking, work, or personal care.

The course cannot be predicted precisely. A family member's experience does not determine how your tremor will develop.

When to get medical help

Make a routine appointment if you develop a persistent tremor, even if relatives have similar symptoms. An assessment can check whether the pattern fits essential tremor and look for treatable causes.

Also arrange a review if:

Seek urgent medical advice for a tremor that begins suddenly, especially if it is very different from previous symptoms. Sudden shaking is not the usual pattern of familial essential tremor.

Call emergency services if sudden tremor occurs with facial drooping, one-sided weakness or numbness, trouble speaking, severe loss of balance, confusion, loss of consciousness, or a sudden severe headache. These can signal a stroke or another emergency and should not be attributed to familial tremor.

- Tremor interferes with daily tasks or social activities
- It started after a medicine or supplement change
- You develop stiffness, slowed movement, balance problems, or frequent falls
- Your current treatment no longer helps or causes side effects

Common questions

Is familial tremor the same as essential tremor?

Often, but not always. "Familial" describes the family pattern, while "essential tremor" describes a specific pattern of action tremor. Other inherited or medical causes may need to be ruled out.

Will my children inherit my tremor?

They may inherit increased susceptibility, but essential tremor does not always follow a simple genetic pattern. A child may never develop symptoms or may have a different severity or age of onset. A fixed inheritance percentage cannot be given for most families.

Does familial tremor mean I have Parkinson's disease?

No. Essential tremor and Parkinson's disease are different conditions. Essential tremor is usually most obvious during movement or while holding a position. Parkinsonian tremor often starts on one side at rest and may occur with stiffness or slowed movement. Because patterns can overlap, an examination is important.

Why does my tremor get worse when I am nervous?

Stress activates the body's alert system and can make an existing tremor more visible. It does not mean anxiety caused the condition. Tiredness, caffeine, illness, and low blood sugar can have a similar effect.

Can alcohol stop familial tremor?

Alcohol may briefly reduce essential tremor, but it is not a safe or reliable treatment. The benefit is temporary, symptoms may rebound, and repeated use can lead to dependence and other health problems.

Can familial tremor go away?

It is usually long term and has no current cure. Symptoms may be mild, fluctuate, or respond well to treatment. Procedures can greatly reduce severe tremor in selected people, but they do not remove the inherited susceptibility.

Sources

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