SYMPTOM

Postural tremor

Postural tremor is shaking that appears while holding part of your body still against gravity.

WHAT IT FEELS LIKE
Fine shaking when I hold my hands or arms out

WHERE IT IS FELT
Usually hands and arms; sometimes head or voice

MOST COMMON CAUSES
Stress or fatigue, caffeine, essential tremor

WHEN IT IS URGENT
Sudden onset with weakness, confusion, or trouble speaking

USUALLY LASTS
Minutes with triggers, or longer with an ongoing cause

SEE A DOCTOR IF
Persistent, worsening, or affecting writing, eating, work, or safety

Overview

A postural tremor is an involuntary, usually rhythmic shaking that appears when you hold part of your body in a position against gravity. For example, your hands may shake when you stretch your arms forward, hold a cup, or keep a phone in front of you.

Postural tremor is a type of action tremor , meaning it happens while your muscles are active. This differs from a rest tremor , which is most noticeable when the affected body part is relaxed and supported.

A slight postural tremor can be part of the body's normal muscle activity. It may become easier to see during stress, tiredness, hunger, or caffeine use. A persistent tremor can also have several other causes, including essential tremor, medicine effects, or an underlying health condition.

Postural tremor is a symptom, not a diagnosis. Its pattern, timing, and related symptoms help identify what may be causing it.

What it may feel or look like

You may notice a fine, regular shaking when you:

The shaking may affect both sides, although one side can be more noticeable. It may come and go or remain present for long periods. Stress, physical effort, lack of sleep, or feeling watched can make it stronger.

Some postural tremors also occur during movement. The head or voice may shake, particularly with essential tremor. Shaking that happens only while standing may have a different cause and needs separate assessment.

- Hold your arms or hands out
- Carry a cup, utensil, phone, or paper
- Write, use tools, apply makeup, or fasten buttons
- Keep your head upright or hold a steady posture

Common causes

A normal, very small tremor is present in everyone. This is called physiological tremor . It can become more visible because of anxiety, excitement, pain, tiredness, strenuous exercise, low blood sugar, or too much caffeine. This is known as enhanced physiological tremor.

Essential tremor is a movement disorder that commonly causes shaking during posture or movement. It often affects both hands and arms. It can also affect the head or voice. It may run in families, but not everyone has an affected relative.

Medicines and other substances can cause or worsen postural tremor. Examples include some asthma inhalers, stimulants like methylphenidate or lisdexamfetamine , antidepressants like sertraline or fluoxetine , thyroid medicines, lithium, and valproate. Nicotine and caffeine may also contribute. Do not stop a prescribed medicine suddenly; ask the prescriber or a pharmacist to review it.

Less common causes include an overactive thyroid, problems involving the liver or kidneys, and certain neurological conditions. Parkinson's disease usually causes a tremor at rest, but some people also develop shaking while holding a posture. Problems affecting coordination in the brain may produce a broader tremor that becomes stronger as the hand approaches a target.

Alcohol withdrawal can cause tremor, often with sweating, nausea, anxiety, or a fast heartbeat. Withdrawal can become serious, especially after regular heavy alcohol use.

When to seek medical care

Call emergency services if a tremor begins suddenly with facial drooping, weakness or numbness on one side, trouble speaking, severe confusion, loss of coordination, or a sudden severe headache. These can be signs of a stroke or another neurological emergency.

Emergency help is also needed if shaking occurs with a seizure, loss of consciousness, severe breathing difficulty, or suspected poisoning. If someone with diabetes is confused, cannot safely swallow, or does not recover after following their established low-blood-sugar plan, seek emergency care.

Arrange urgent same-day medical advice if the tremor is rapidly worsening or follows a medicine or substance change and is accompanied by fever, marked agitation, heavy sweating, repeated vomiting, or a very fast heartbeat. New shaking during possible alcohol withdrawal also needs prompt assessment.

Book a routine appointment if the tremor:

- Persists or gradually becomes more noticeable
- Interferes with eating, drinking, writing, work, or personal care
- Occurs with stiffness, slowed movement, balance problems, or weight loss
- Started after beginning or changing a medicine
- Causes concern even if daily activities remain manageable

How the cause is found

A healthcare professional will ask when the tremor started and whether it happens at rest, while holding a posture, or during movement. They may ask about caffeine, alcohol, sleep, stress, medical conditions, family history, and all medicines or supplements you use.

During an examination, you may be asked to stretch out your arms, pour water, write, or draw a spiral. The clinician may also check muscle tone, coordination, walking, reflexes, and eye movements. These findings help describe the tremor pattern without assuming one diagnosis.

Tests are chosen according to your history and examination. Blood tests may check blood sugar, thyroid function, or how well the liver and kidneys are working. Brain imaging is not needed for every postural tremor, but it may be considered when the tremor began suddenly or there are other unusual neurological findings.

Treatment and self-care

Treatment depends on the cause and how much the tremor affects you. A mild tremor may not need medical treatment.

Notice whether caffeine, nicotine, missed meals, poor sleep, stress, or strenuous exercise makes the shaking worse. Reducing a clear trigger may help. Regular meals and adequate sleep can reduce tremor related to hunger or fatigue.

Keep a list of medicines, supplements, energy drinks, and other substances you use. A clinician or pharmacist can check whether any may contribute. Do not change prescription medicines or abruptly stop alcohol use without appropriate advice.

Practical aids may make tasks easier. Cups with lids, larger-handled utensils, voice controls, and resting your elbows on a surface can improve steadiness. An occupational therapist can suggest equipment and ways to adapt work or personal-care tasks.

If essential tremor is diagnosed and causes significant difficulty, prescription medicines may be considered. Specialist treatments, including injections or procedures that target specific brain circuits, are reserved for selected cases that remain disabling despite other treatment.

What to expect

A tremor caused by stress, caffeine, fatigue, or low blood sugar may settle after the trigger passes. A medicine-related tremor may improve after a supervised change, although this is not always immediate.

Essential tremor often continues over time and may slowly become more noticeable. Its severity can fluctuate from day to day. Treatment aims to reduce its impact rather than guarantee that all shaking will stop.

Follow-up is useful if the pattern changes, new symptoms appear, or the tremor begins to affect safety or independence.

Common questions

Does postural tremor mean I have Parkinson's disease?

No. Parkinson's disease is only one possible cause of tremor, and its classic tremor is most noticeable at rest. Stress, caffeine, essential tremor, and medicine effects are common alternative explanations.

Can anxiety cause a postural tremor?

Anxiety can make the body's normal tremor more visible. However, a persistent tremor should not automatically be attributed to anxiety, especially if it is worsening or affecting daily activities.

Does improvement after alcohol confirm essential tremor?

No. Alcohol may temporarily reduce some tremors, but this does not confirm a diagnosis. It is not recommended as treatment because of rebound symptoms and the risk of harmful alcohol use.

Should I record the tremor?

A short video may help show a tremor that comes and goes. You can also note when it occurs, what you were doing, recent caffeine or medicine use, and any related symptoms.

Sources

- National Institute of Neurological Disorders and Stroke. Tremor
- National Institute for Health and Care Excellence. Suspected neurological conditions: recognition and referral, NG127
- Bhatia KP, Bain P, Bajaj N, et al. Consensus Statement on the classification of tremors from the International Parkinson and Movement Disorder Society . Movement Disorders . 2018;33(1):75-87
- Crawford P, Zimmerman EE. Tremor: Sorting Through the Differential Diagnosis . American Family Physician . 2018;97(3):180-186
- Merck Manual Consumer Version. Tremor