

**Essential tremor** 

a syndrome or a disease?

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# 'Essential Tremor' or 'the Essential Tremors': Is This One Disease or a Family of Diseases?

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There is accumulating evidence that the entity referred to as 'essential tremor' (ET) is not a single disease. It may be a family of diseases better referred to as 'the ETs'. This review will

absence of other neurological signs.<sup>39</sup> Clinicians ultimately recognized a common isolated tremor syndrome of bilateral upper limb postural or kinetic tremor, with or without head tremor or tremor in other locations, and called this ET. However, the diag-

Consensus Statement on the Classification of Tremors. From the Task Force on Tremor of the International Parkinson and Movement Disorder Society

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#### 66 Essential tremor

- 1) isolated tremor syndrome of bilateral upper limb action tremor
- 2) at least 3 years' duration
- 3) with or without tremor in other locations (e.g., head, voice, or lower limbs)
- absence of other neurological signs, such as dystonia, ataxia, or parkinsonism.



Essential tremor plus: Tremor with the characteristics of ET and additional neurological signs of uncertain significance such as impaired tandem gait, questionable dystonic posturing, memory impairment, or other mild neurologic signs of unknown significance that do not suffice to make an additional syndrome classification or diagnosis. ET with tremor at rest should be classified here.



#### Essential tremor

or the essential tremors?

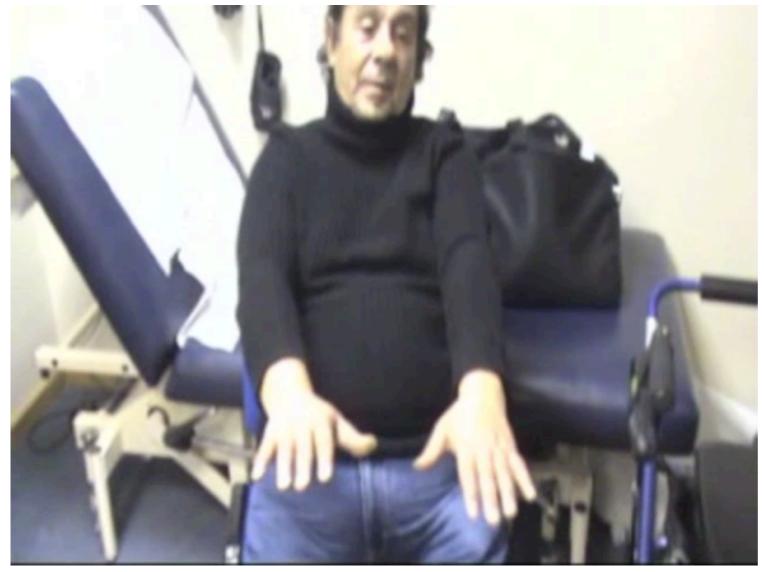
That is the question



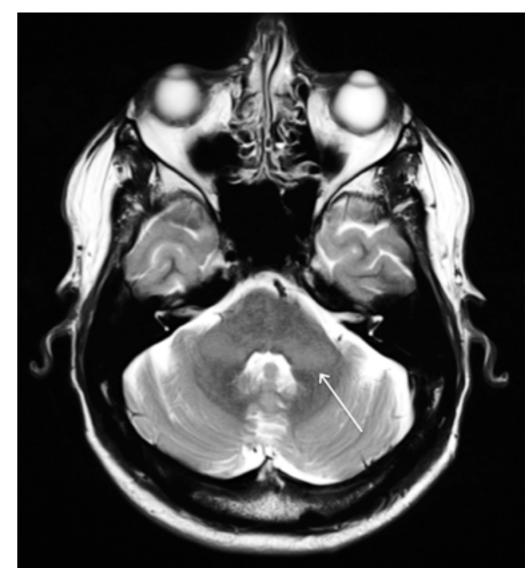








Progressive Ataxia, Tremor, Autonomic Dysfunction, and Cognitive Impairment:

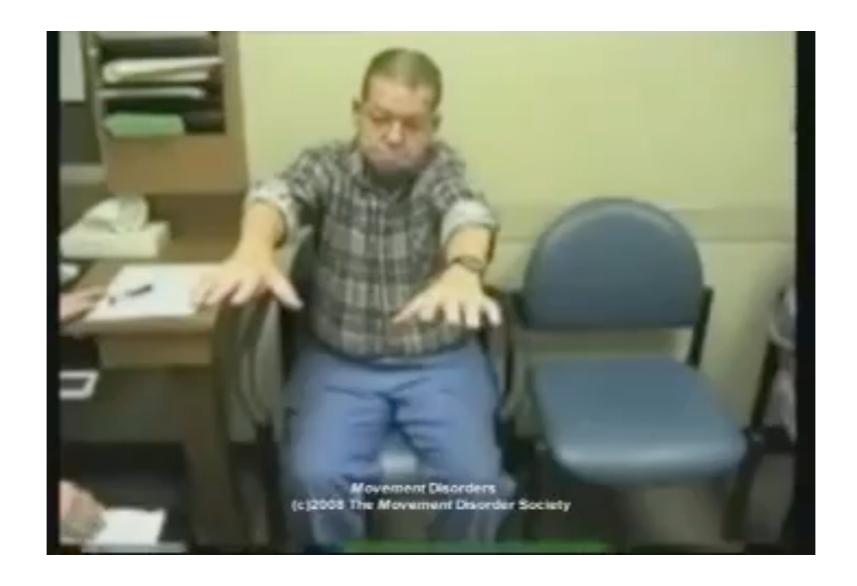


Axial MRI T2-weighted sequence showing the "MCP sign" bilaterally (white arrow).

**FXTAS** 

Roberto Erro, Maria Stamelou and Kailash P. Bhatia, 2017

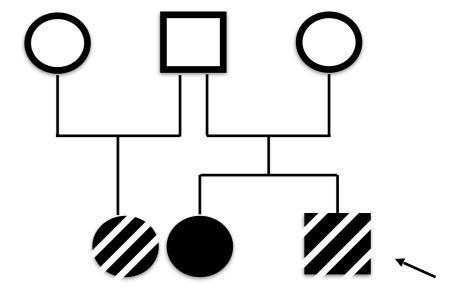




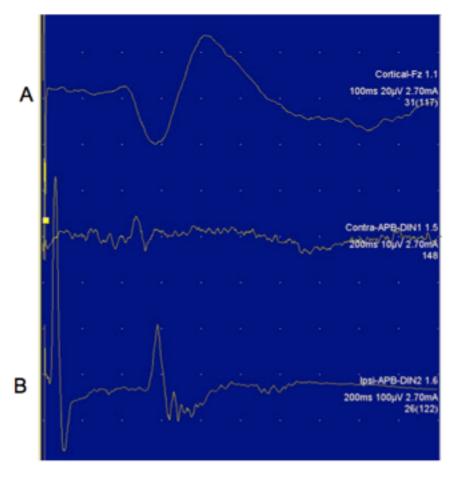
# From essential tremor to Klinefelter through Fragile X, an unexpected journey







Essential tremor<br/>ET with epilepsy

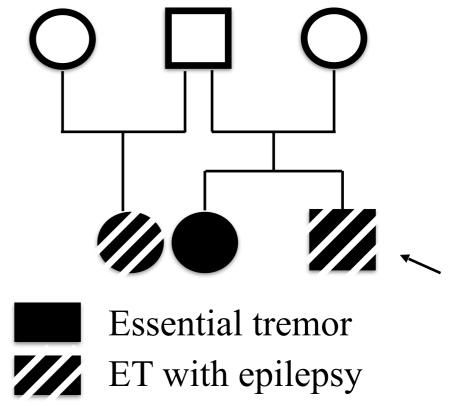


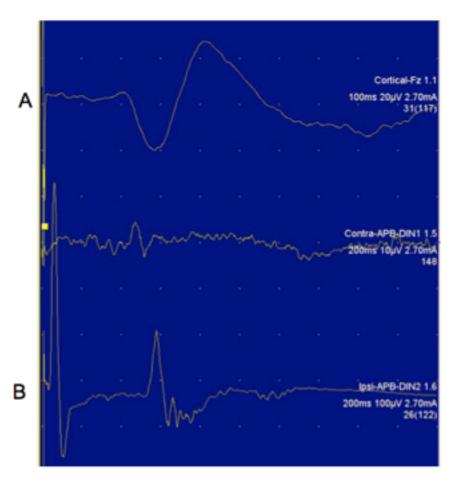
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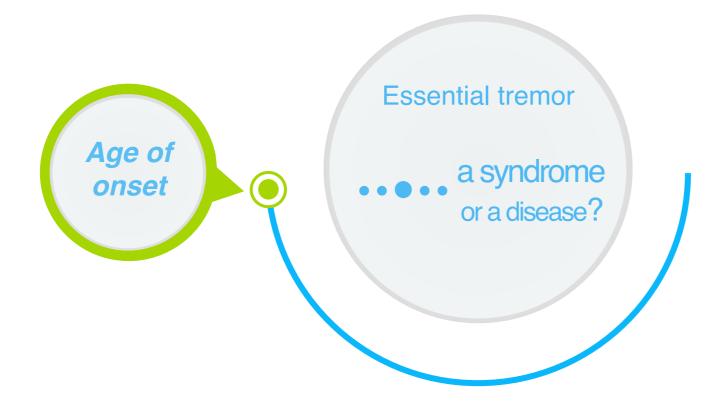
Familial cortical myoclonic tremor with epilepsy





Roberto Erro and Kailash P. Bhatia, 2017







# Bimodal distribution of age of onset

Peaks occurring during:

> Second or third decades



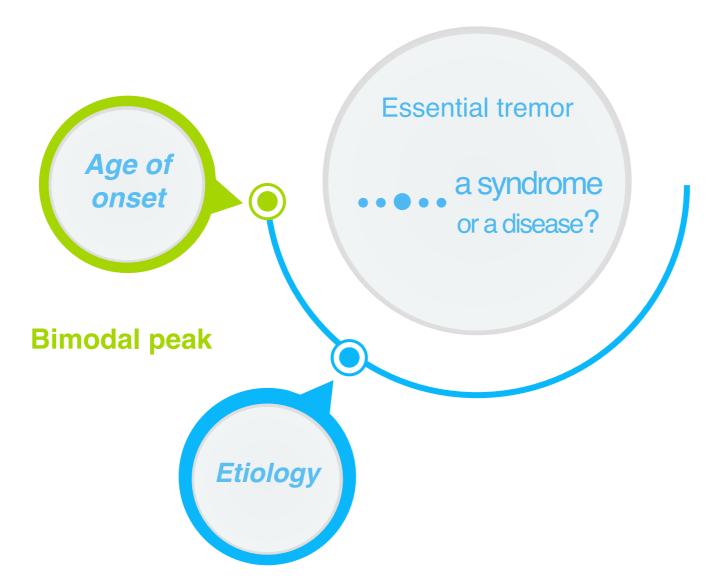
associated with greater response to alcohol; more likely to be familial

>Seventh or eighth decades



associated with greater probability of cognitive impairment







# Lack of a defined etiology

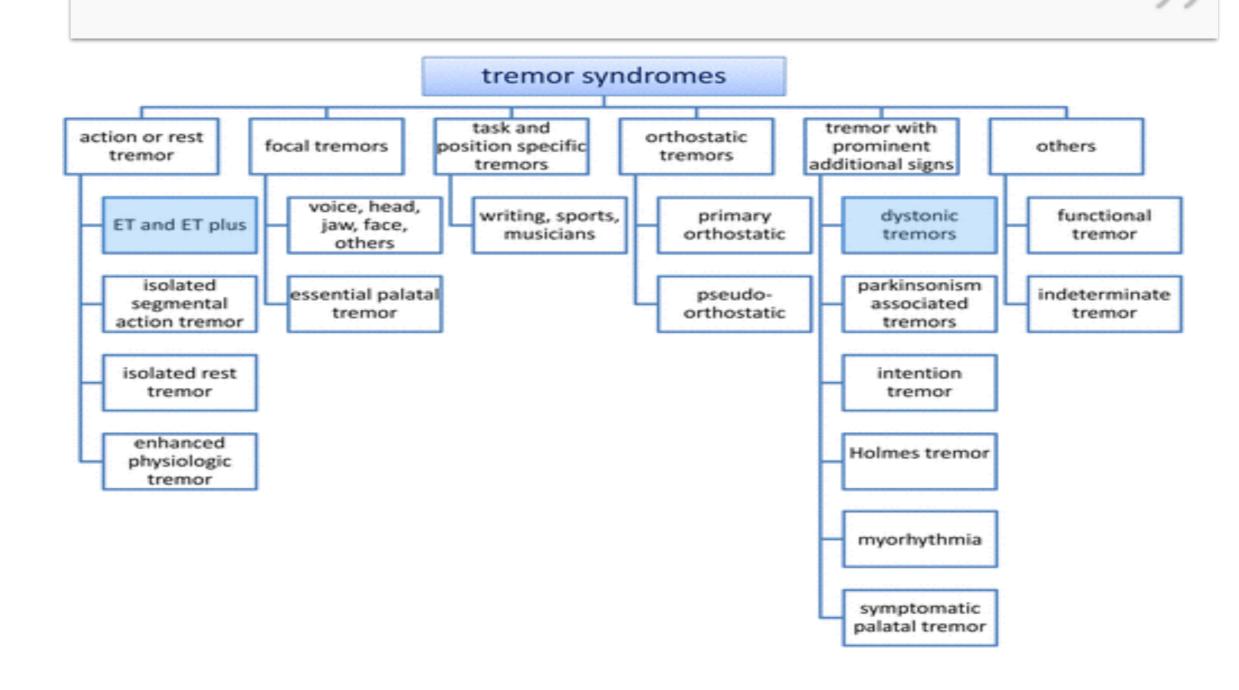
### Genetic factors:

- Linkage studies have demonstrated three loci (2p24, 13q13, and 6p23) that are of possible significance in ET. However, all candidate regions remained unconfirmed and no causative genetic variant was detected.
- ➤ More recently, genome-wide association studies have identified a number of common variants that are associated with a modest elevation in risk of ET

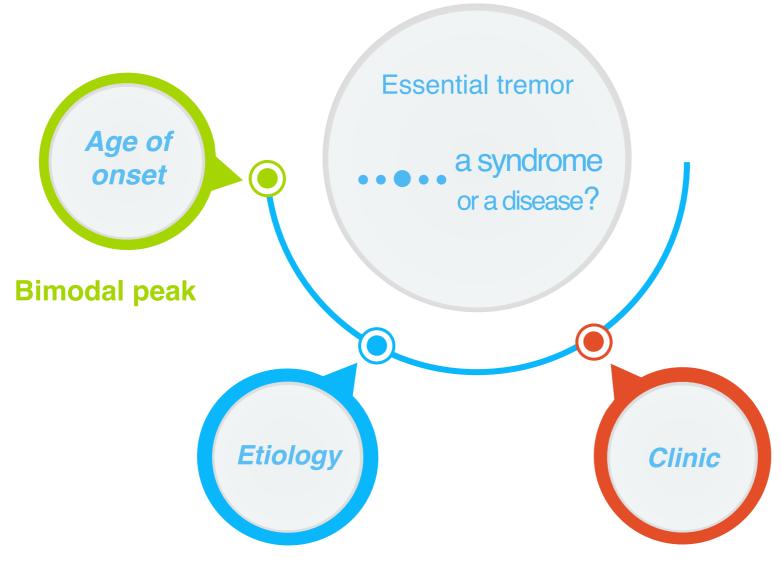
It is important to emphasize that the definition of ET in Axis 1 allows for the existence of multiple etiologies for this common syndrome. Patients frequently



ET is a syndrome that <u>may evolve into another tremor</u> <u>syndrome</u>. Tremor of less than 3 years' duration that otherwise fulfills criteria for ET should be labeled during the observation period as indeterminate tremor.







No clear genetic causative factors



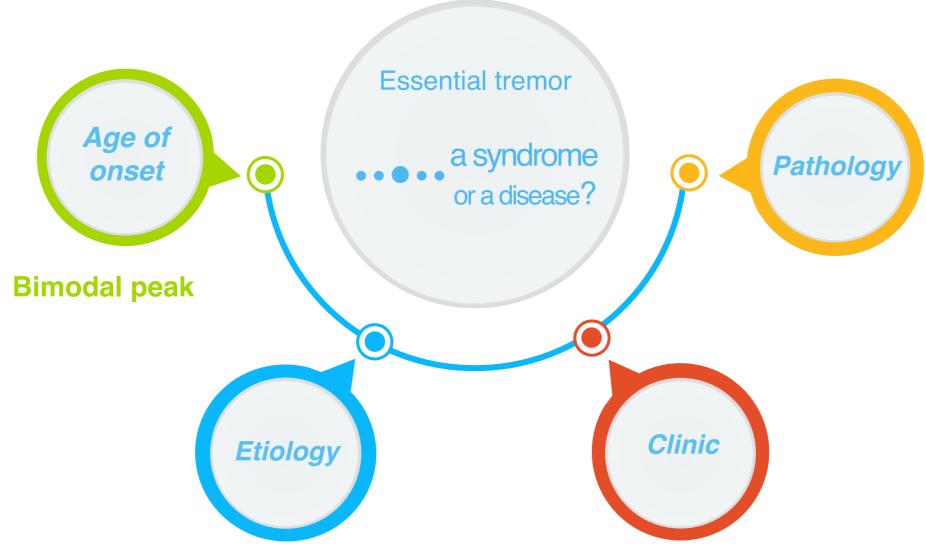
#### Clinical variability

- ➤ It can occur over a wide non-specific frequency range (4-12 Hz)
- ➤ It may exceed its postural amplitude at rest or on action as in cerebellar outflow tremor

In the past, it has been associated with:

- >mild cerebellar signs
- ➤ Cognitive impairment
- ➤ Psychiatric disturbances (e.g. anxiety, depression, social phobia)
- riangleright sensory abnormalities (olfactory deficits and hearing loss)
- ➤ Poor nocturnal sleep as well as RBD

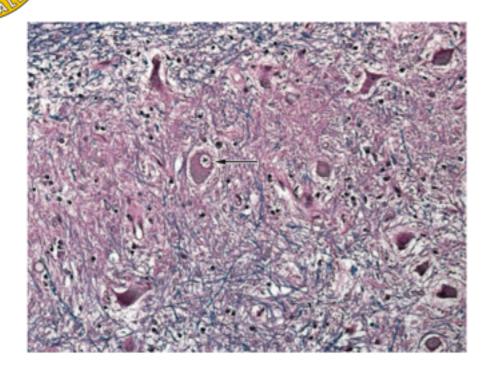




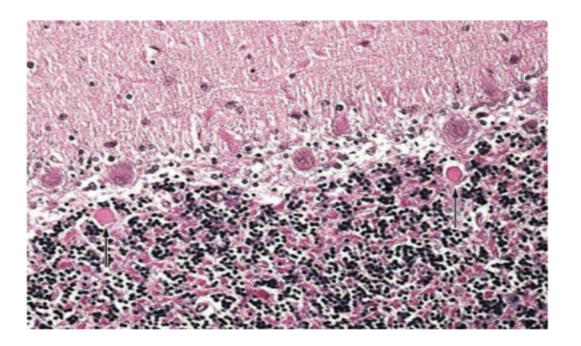
No clear genetical and environmental causative factors

Clinical eterogeneity
A great variety of
possible evolutions

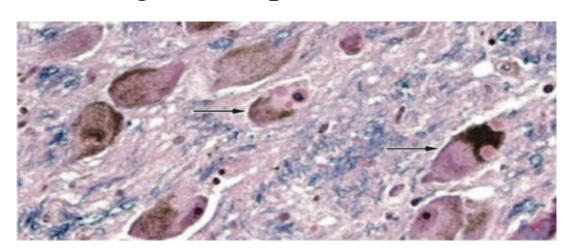
## Different pathologies



Section of the dentate nucleus from and individual with essential tremor, showing neuronal loss. The neurons that remain are small and angular. One normal, rounded dentate neuron remains in the center (arrow).

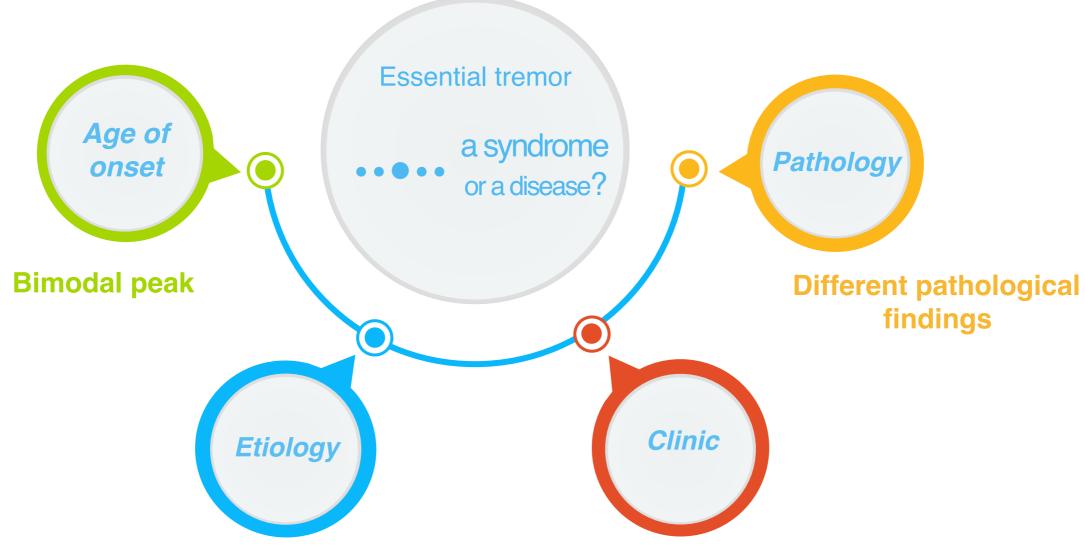


Section of cerebellar folium from a patient with essential tremor, showing two torpedoes (arrows).



Multiple Lewy bodies (arrows) in a section of the locus coeruleus from a patient with essential tremor.

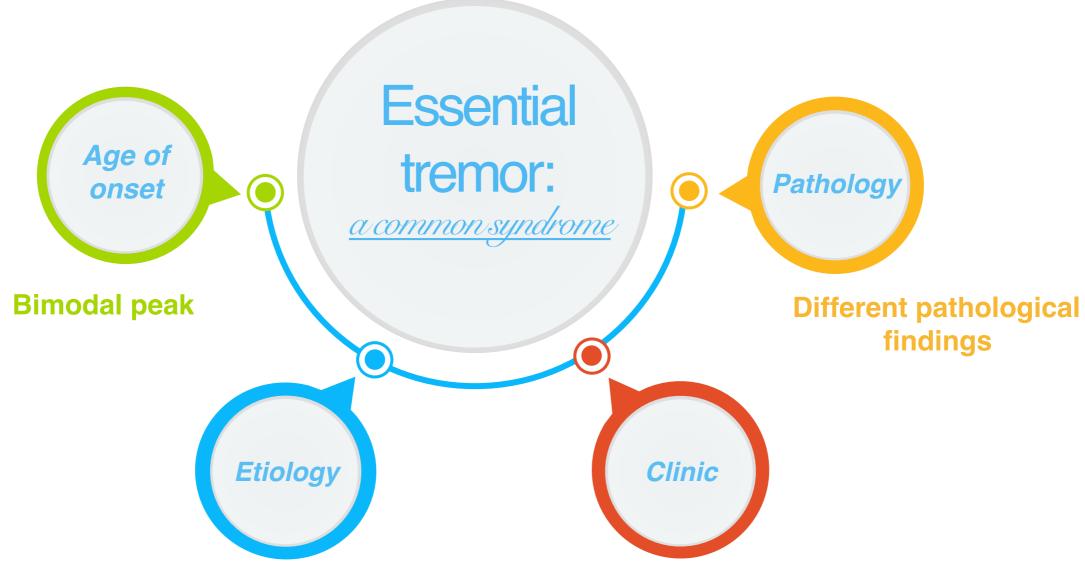




No clear genetical and environmental causative factors

Clinical eterogeneity
A great variety of
possible evolutions





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Thank you for your attention