SYMPTOM

Tremor

Tremor is rhythmic shaking or trembling that you cannot fully control.

WHAT IT FEELS LIKE
Rhythmic shaking you cannot fully control

WHERE IT IS FELT
Hands, head, voice, legs, or body

MOST COMMON CAUSES
Stress or fatigue, caffeine, essential tremor

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

USUALLY LASTS
Minutes to years, based on the underlying cause

SEE A DOCTOR IF
It persists, worsens, or interferes with everyday tasks

Overview

A tremor is an involuntary, usually rhythmic shaking movement. It happens when muscles repeatedly tighten and relax without you choosing to move them.

Tremor most often affects the hands, but it can involve the head, voice, jaw, legs, or other parts of the body. It may appear when you are resting, holding a position, or trying to complete a task.

Everyone has a tiny natural tremor that is usually too small to notice. Stress, tiredness, caffeine, some medicines, and certain health conditions can make it more visible. A persistent tremor does not point to one diagnosis, and it is not always a sign of Parkinson's disease.

What it may feel or look like

Tremor may be fine and rapid or slower and more noticeable. It can affect one side or both sides. You may notice difficulty holding a cup, using cutlery, writing, applying makeup, shaving, or pressing buttons.

The timing of the movement can offer clues:

The shaking may come and go. Stress, strong emotions, lack of sleep, hunger, caffeine, nicotine, heat, or cold may make it more obvious. Some people also notice changes in their voice or a repeated nodding or shaking movement of the head.

- Rest tremor happens when the affected body part is relaxed
- Postural tremor appears while holding a position, such as extending your arms
- Action tremor happens during movement or a task
- Intention tremor becomes stronger as you approach a target

Common causes

A visible tremor often reflects an exaggerated version of the body's natural tremor. Common triggers include anxiety, physical exhaustion, lack of sleep, fever, caffeine, nicotine, and low blood sugar.

Some medicines can cause or worsen shaking. Examples include certain asthma medicines, antidepressants like sertraline or fluoxetine , stimulants like methylphenidate or lisdexamfetamine , thyroid medicines, and medicines that affect the nervous system. This does not mean you should stop a prescribed medicine on your own.

Essential tremor is another common cause. It usually causes shaking during movement or while holding the arms out. It often affects both hands and may run in families. The head or voice can also be involved.

Less common causes include an overactive thyroid, Parkinson's disease, multiple sclerosis, liver or kidney problems, and conditions affecting the cerebellum, the part of the brain that coordinates movement. Heavy alcohol use, or withdrawal from alcohol or certain sedative medicines, can also cause tremor.

When to seek medical care

Call emergency services if a tremor begins suddenly with signs that could indicate a stroke or another serious brain problem:

Emergency help is also appropriate if shaking follows a possible poisoning or overdose, or occurs with seizures, severe breathing difficulty, or severe alcohol or sedative withdrawal.

Seek same-day medical advice for a sudden new tremor without an obvious explanation, especially after starting or changing a medicine. If you have diabetes and shaking may be due to low blood sugar, follow your personal treatment plan. Get urgent help if symptoms do not

improve promptly or you cannot safely eat or drink.

Book a routine appointment if the tremor persists, becomes more noticeable, or affects eating, drinking, writing, walking, work, or other activities. You should also arrange an assessment if it occurs with stiffness, slower movement, balance problems, unexplained weight loss, or a racing heartbeat.

- Weakness or numbness on one side
- A drooping face or difficulty speaking
- Severe confusion, collapse, or loss of consciousness
- A sudden severe headache or major loss of balance
- A recent significant head injury

How the cause is found

A clinician will ask when the tremor began, which body parts are affected, and whether it happens at rest or during movement. They may ask about stress, sleep, caffeine, alcohol, recreational drugs, family history, and other symptoms.

Bring a list of prescription medicines, non-prescription products, supplements, and recent dose changes. A short video recorded when the tremor is most noticeable may be useful if it comes and goes.

During an examination, the clinician may watch you hold out your arms, write, draw a spiral, drink from a cup, or touch a target. They may also check muscle tone, strength, reflexes, eye movements, walking, and balance.

Tests depend on what the history and examination suggest. Blood tests may check blood sugar, thyroid function, or liver and kidney health. Brain imaging is not needed for every tremor, but it may be considered when the onset is sudden or there are other neurological signs.

Treatment and self-care

Treatment depends on the cause, how much the tremor affects you, and your general health. A mild tremor that does not interfere with daily life may only need monitoring.

It may help to keep a brief record of when the shaking occurs and what was happening beforehand. Regular sleep, meals, and hydration can reduce common triggers. Consider reducing caffeine if coffee, tea, cola, or energy drinks make the tremor worse.

Do not stop prescription medicine suddenly. A clinician or pharmacist can review whether a medicine may be contributing and whether a safer adjustment is possible.

Essential tremor may be treated with medicines such as propranolol or primidone when appropriate. Other medicines, injections, or specialist procedures may be considered for severe symptoms. These treatments require an individual medical assessment.

Practical aids can make daily tasks easier. Lidded cups, larger handles, voice controls, and clothing with simple fasteners may help. An occupational therapist can suggest equipment and ways to adapt specific activities.

Alcohol may temporarily reduce some tremors, but it is not a safe treatment and can lead to worsening symptoms, dependence, or withdrawal.

What to expect

A tremor caused by stress, caffeine, fever, low blood sugar, or lack of sleep may improve when the trigger settles. A medicine-related tremor may improve after a supervised treatment change.

Other tremors can be long-lasting and may change slowly over time. Essential tremor, for example, can remain mild or gradually interfere more with tasks. Symptoms often fluctuate from day to day.

Follow-up is useful if the pattern changes, new symptoms appear, or treatment no longer provides enough control. The aim is not only to reduce shaking but also to protect independence, comfort, and confidence in daily activities.

Common questions

Does tremor mean I have Parkinson's disease?

No. Parkinson's disease is one possible cause, but stress, caffeine, medicines, essential tremor, and several other conditions are more common explanations in many people. The pattern of movement and other symptoms matter.

Why is my tremor worse when I am nervous?

Stress hormones prepare the body for action. They can make the body's normal background tremor stronger and easier to see.

Can a tremor affect only one hand?

Yes. Some tremors begin on one side or remain uneven. A new one-sided tremor should be

assessed, particularly if it persists or comes with weakness, stiffness, or slower movement.

Should I avoid caffeine completely?

Not everyone needs to. Notice whether caffeine reliably worsens your symptoms. If it does, reducing it gradually may help and can avoid caffeine-withdrawal headaches.

Sources

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