

Orthostatic tremor

Orthostatic **tremor** with its sense of unsteadiness when standing may have a devastating effect on affected persons.

Orthostatic tremor is a progressive disorder with increased disability although tremor frequency is unchanged over time. In most cases, orthostatic tremor represents an isolated syndrome.

Chronic **spinal cord stimulation** (SCS) was performed in two patients with medically-intractable orthostatic tremor via quadripolar plate electrodes implanted at the lower thoracic spine. The electrodes were connected to implantable pulse generators.

Subjective and objective improvement of unsteadiness was achieved within a frequency range of 50 to 150 Hz, and occurred in the presence of stimulation-induced paraesthesia. With optimized stimulation settings polygraphic electromyogram (EMG) recordings continued to show the typical 14-16 Hz EMG activity. The beneficial effect of SCS was maintained at long-term follow-up.

The results of this pilot study indicate that SCS may be an option in patients with otherwise intractable orthostatic tremor ¹⁾.

Drug treatments are unsatisfactory but surgery may hold promise, therefore prospective exploration of these treatment options in multicentre, larger, randomised controlled studies over long periods of time is required to draw firm conclusions ²⁾.

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Krauss JK, Weigel R, Blahak C, Bänzner H, Capelle HH, Grips E, Rittmann M, Wöhrle JC. Chronic spinal cord stimulation in medically intractable orthostatic tremor. J Neurol Neurosurg Psychiatry. 2006 Sep;77(9):1013-6. Epub 2006 May 30. PubMed PMID: 16735398; PubMed Central PMCID: PMC2077764.

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