



The Role of Stress and Trauma in Psychogenic Tremor Development

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INTRODUCTION

Psychogenic tremor is a complex and intriguing condition, classified as a Functional Movement Disorder (FMD) within the realm of neurology. Unlike tremors caused by structural or neurodegenerative diseases, psychogenic tremor stems from psychological factors rather than organic pathology. It manifests as involuntary shaking or oscillatory movements that can affect any part of the body. Often misdiagnosed or misunderstood, psychogenic tremor represents a challenge in terms of diagnosis, treatment, and patient care. This article delves into the characteristics, diagnosis, management, and broader implications of psychogenic tremor. A psychogenic tremor is characterized by involuntary, rhythmic muscle movements that appear similar to tremors caused by conditions like Parkinson's disease or essential tremor. However, the root cause lies in psychological or emotional factors. These tremors are typically variable in nature and may worsen with stress or attention. Unlike tremors originating from neurological damage, psychogenic tremor is often reversible with appropriate intervention. This reversibility underscores the need for accurate diagnosis and a nuanced approach to management. Psychogenic tremor is among the most common forms of FMDs, accounting for a significant proportion of patients referred to movement disorder clinics. It can affect individuals of all ages but is more frequently observed in younger to middle-aged adults.

DESCRIPTION

Women are disproportionately affected, with studies suggesting a higher prevalence in females compared to males. The condition often occurs in individuals with a history of psychiatric disorders, such as anxiety, depression, or Post Traumatic Stress Disorder (PTSD). Psychosocial stressors, such as personal trauma or chronic stress, are frequently reported as contributing factors. Psychogenic tremors often vary in amplitude, frequency, and location. This variability can occur over minutes or even seconds, making it distinct

from the more consistent patterns observed in organic tremors. A hallmark of psychogenic tremor is its distractibility. The tremor may diminish or disappear when the patient is distracted, such as when performing a different task or during a neurological examination. Unlike neurodegenerative tremors, which develop gradually, psychogenic tremors can appear suddenly, often triggered by emotional stress or trauma. Stress exacerbates psychogenic tremors. They may become more pronounced in stressful situations and improve during relaxation or reassurance. Inconsistencies in presentation, such as tremors that do not align with known anatomical or physiological pathways, are common.

CONCLUSION

A detailed history of the patient's symptoms, psychosocial background, and prior trauma is critical. The presence of psychiatric comorbidities, such as anxiety or depression, can provide valuable clues. The distractibility test, in which the examiner observes whether the tremor diminishes during distraction, is a cornerstone in diagnosis. Other tests, such as asking the patient to perform complex motor tasks, can also reveal inconsistencies characteristic of psychogenic tremor. Advanced imaging techniques, such as MRI or CT scans, and laboratory tests are often employed to exclude structural or metabolic causes of tremors. Electromyography (EMG) and accelerometer can help differentiate psychogenic tremor from organic tremors by analysing the tremor's frequency and patterns. The exact pathophysiology of psychogenic tremor remains incompletely understood. It is believed to involve complex interactions between the brain's motor and limbic systems.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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