

ALCOHOL-RESPONSIVENESS IN PATIENTS WITH CERVICAL DYSTONIA AND TREMOR

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BACKGROUND

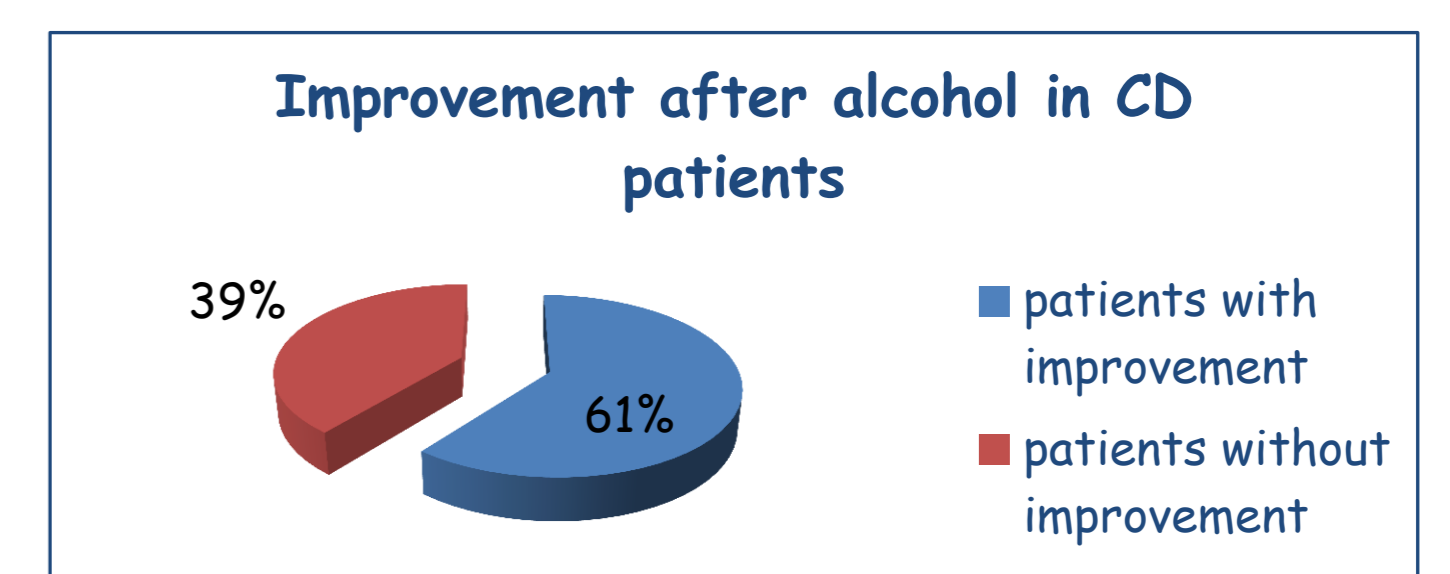
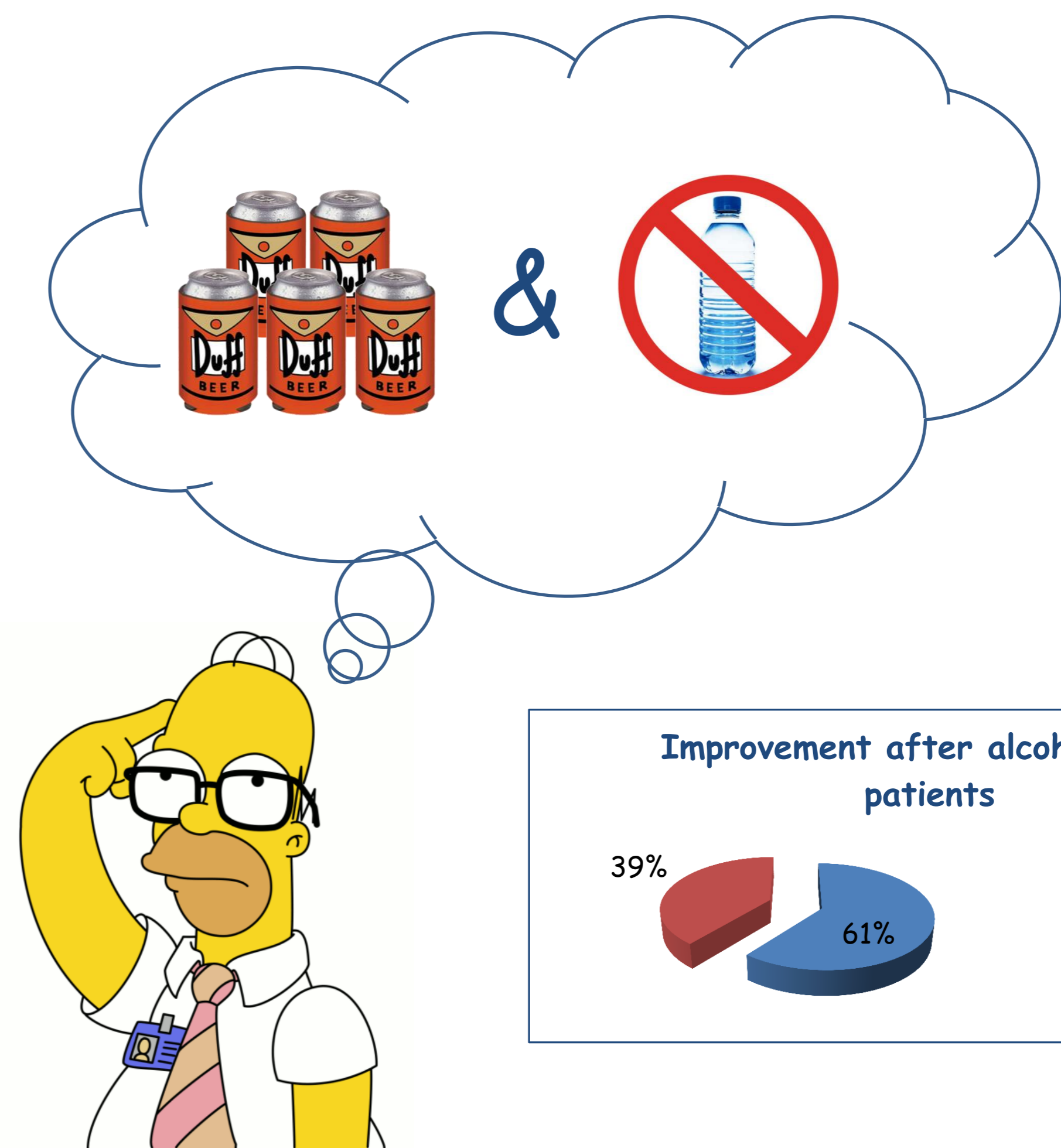
Isolated (formerly known as primary) cervical dystonia (CD) is the most common form of adult-onset focal dystonia. Up to 40-50% of patients with CD further have tremor. Such tremor may involve the head and/or the arms, and usually features a postural or kinetic component, whereas rest tremor is less frequent [1-2]. While alcohol-responsiveness is used as a supportive feature for the diagnosis of some dystonic or tremulous conditions (e.g., myoclonus-dystonia or essential tremor), very little is known on whether dystonic tremor, as it is often seen in CD, benefits from alcohol.

OBJECTIVE

To investigate alcohol-responsiveness of tremor in a cohort of CD patients.

MATERIALS AND METHODS

We assessed twenty-eight idiopathic CD sufferers (mean age \pm SD: 60 \pm 11 years; 8 men, 20 women), diagnosed according to current criteria [3]. All of them also showed mild to severe head and/or hand tremor. Treatment included botulinum toxin injections while no other medications were taken. All patients were assessed with a neurological examination, focused on dystonia and tremor. They all underwent the Toronto Western Spasmodic Torticollis Rating Scale and Fahn-Tolosa-Marin scale for tremor. We then invited the patients to answer some questions about changes of their symptoms (dystonia and tremor) after drinking alcohol.



RESULTS

We found that 17 CD patients (61%) had improvement of their symptoms. Specifically, alcohol "relaxed" them and relieved neck pain and in up to 10 of them there was a considerable tremor reduction. The remaining 11 patients did not have any benefit from alcohol.

CONCLUSIONS

Our findings indicate that alcohol improves the symptoms in more than half of our patients. Despite our cohort is relatively small, our preliminary data might suggest that tremor in CD, and perhaps dystonic tremor more in general, could have an alcohol sensitivity.

REFERENCES

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