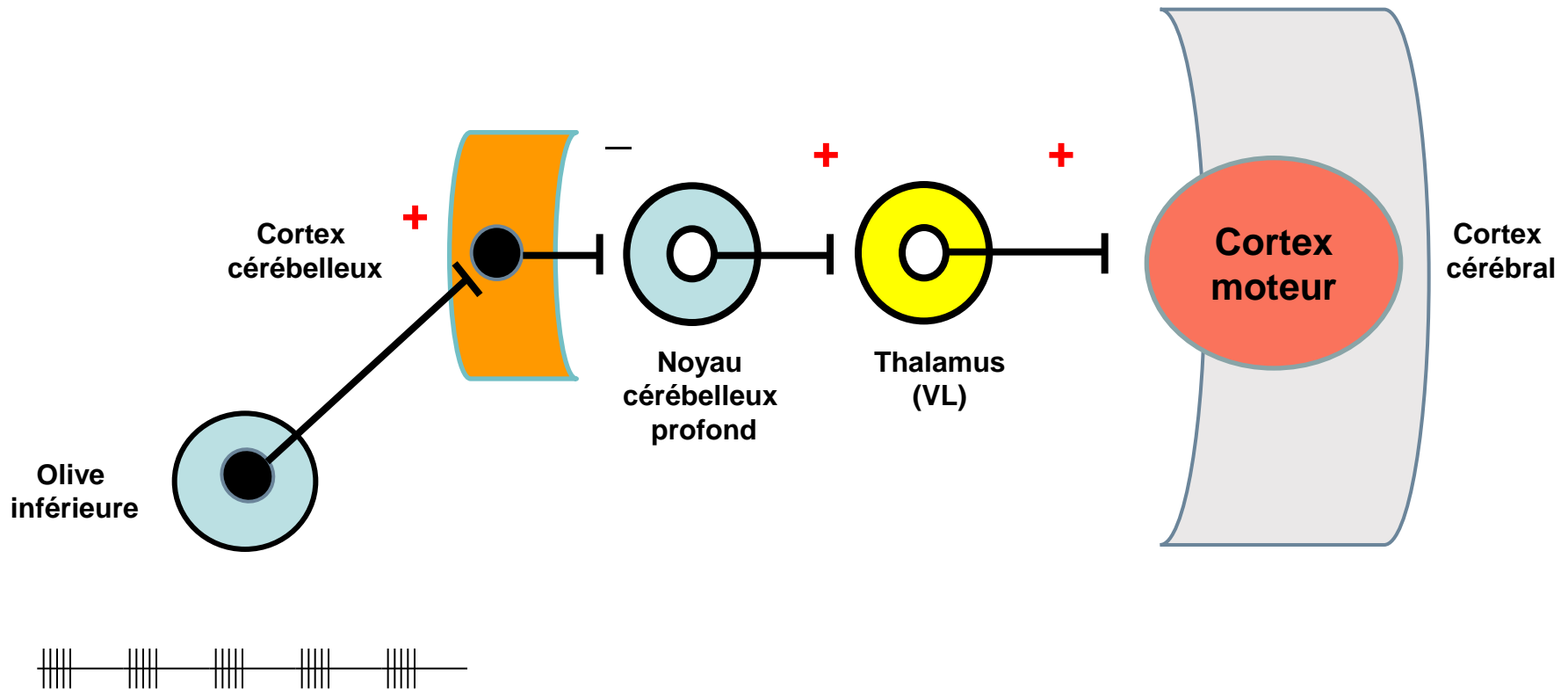


oxidase-1 or GABA concentrations were detected in molecular or granular layers of the cerebellar cortex. It is proposed that a decrease in GABA receptors in the dentate nucleus results in disinhibition of cerebellar pacemaker output activity, propagating along the cerebello-thalamo-cortical pathways to generate tremors. Correction of such defective cerebellar GABAergic drive could have a therapeutic effect in essential tremor.



Traitement du tremblement essentiel



Special Article



Practice Parameter: Therapies for essential tremor

**Report of the Quality Standards Subcommittee of the
American Academy of Neurology**

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Neurology 2005;64:2008-2020

Evidence-based guideline update: Treatment of essential tremor

Report of the Quality Standards Subcommittee of the American
Academy of Neurology



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ABSTRACT

Background: This evidence-based guideline is an update of the 2005 American Academy of Neurology practice parameter on the treatment of essential tremor (ET).

Methods: A literature review using MEDLINE, EMBASE, Science Citation Index, and CINAHL was performed to identify clinical trials in patients with ET published between 2004 and April 2010.

Results and Recommendations: Conclusions and recommendations for the use of propranolol, primidone (Level A, established as effective); alprazolam, atenolol, gabapentin (monotherapy), sotalol, topiramate (Level B, probably effective); nadolol, nimodipine, clonazepam, botulinum toxin A, deep brain stimulation, thalamotomy (Level C, possibly effective); and gamma knife thalamotomy (Level U, insufficient evidence) are unchanged from the previous guideline. Changes to conclusions and recommendations from the previous guideline include the following: 1) levetiracetam and 3,4-diaminopyridine probably do not reduce limb tremor in ET and should not be considered (Level B); 2) flunarizine possibly has no effect in treating limb tremor in ET and may not be considered (Level C); and 3) there is insufficient evidence to support or refute the use of pregabalin, zonisamide, or clozapine as treatment for ET (Level U). *Neurology*® 2011;77:1752-1755

Autre revue générale récente

J Neurol (2013) 260:714–740

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REVIEW

Treatment of essential tremor: a systematic review of evidence and recommendations from the Italian Movement Disorders Association

**Mario Zappia · Alberto Albanese · Elisa Bruno ·
Carlo Colosimo · Graziella Filippini · Paolo Martinelli ·
Alessandra Nicoletti · Graziella Quattrocchi**

Traitement médical du tremblement essentiel

- Médicaments avec AMM (doses progressives):
 - ***propranolol (Avlocardyl®)***: 40-160 mg/j
(faire ECG avant traitement)
 - ***primidone 250 mg (Mysoline®)***: 250-750 mg/j; début par $\frac{1}{8}$ ^{ème} ou $\frac{1}{4}$ de cp pour éviter les effets secondaires
- Possibilité de combiner les deux traitements en cas de formes sévères

Traitement médical du tremblement essentiel (suite)

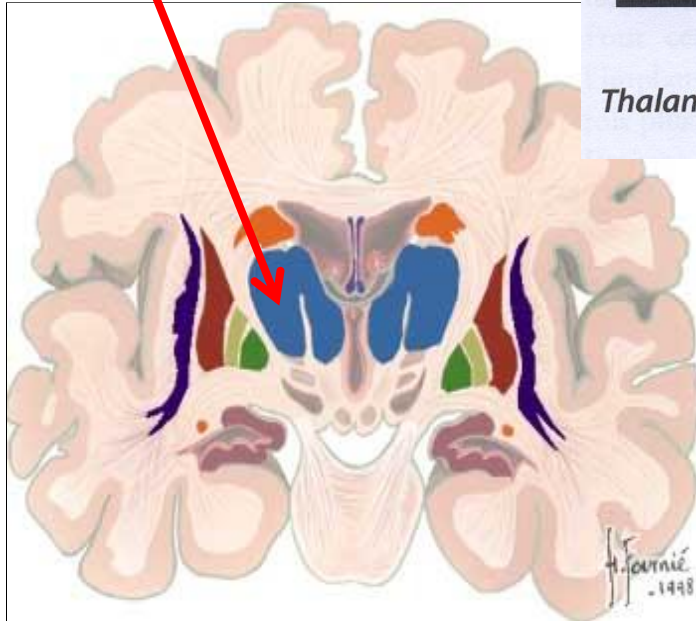
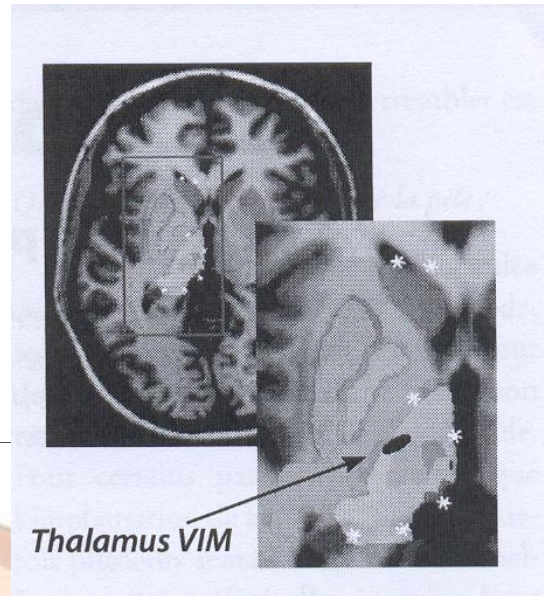
- Benzodiazépines (**Urbanyl®**, **Rivotril®**, **Xanax®**):
hors AMM, plus ponctuellement en cas de réunion, ...
- Médicaments plus récents hors AMM:
 - **gabapentine** (**Neurontin®**), 1200-1800 mg/j
 - **topiramate** (**Epitomax®**), 50-200 mg/j
 - **toxine botulique**: tremblements céphaliques (chef, voix)
- Des progrès restent à faire:
 - au niveau des indications
 - et des essais pharmacologiques contrôlés
(autorisation de mise sur le marché)
- Essais thérapeutiques récents: médicaments compliqués ou à effet décevant ou induction d'effets secondaires; piste à suivre: **acide octanoïque** (Haubenberger et al. Neurology 2013)

**Que proposer dans les formes
sévères ?**

Traitement chirurgical du TE

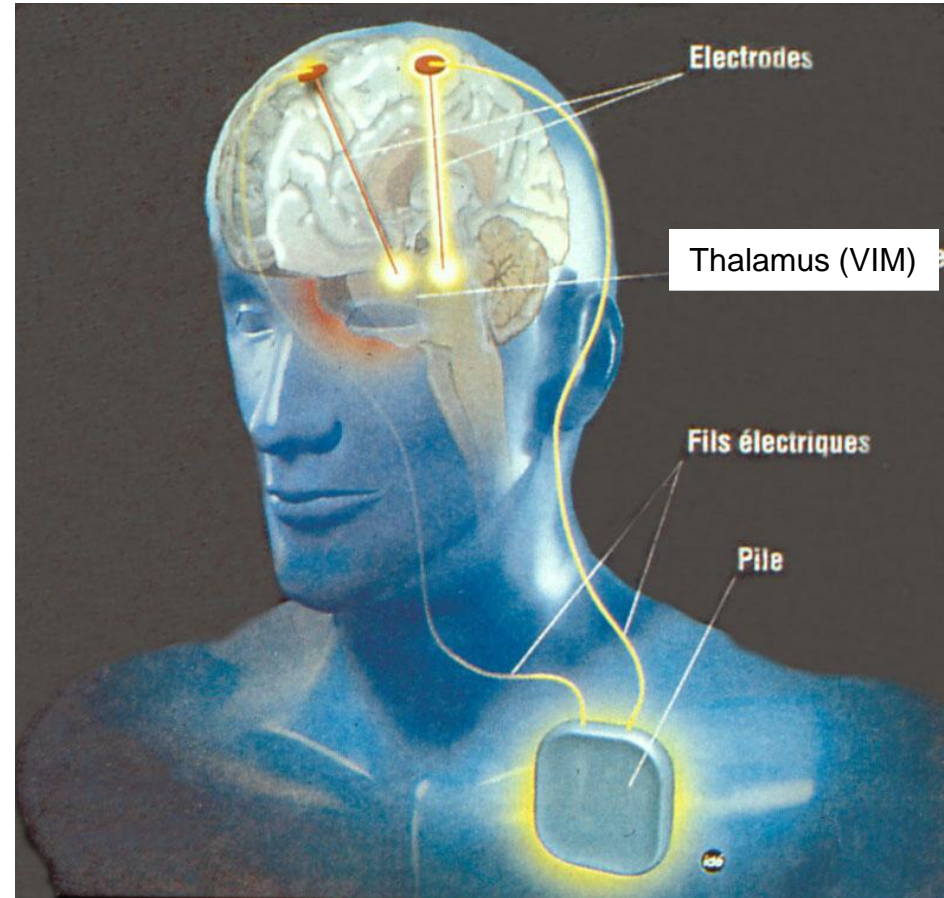
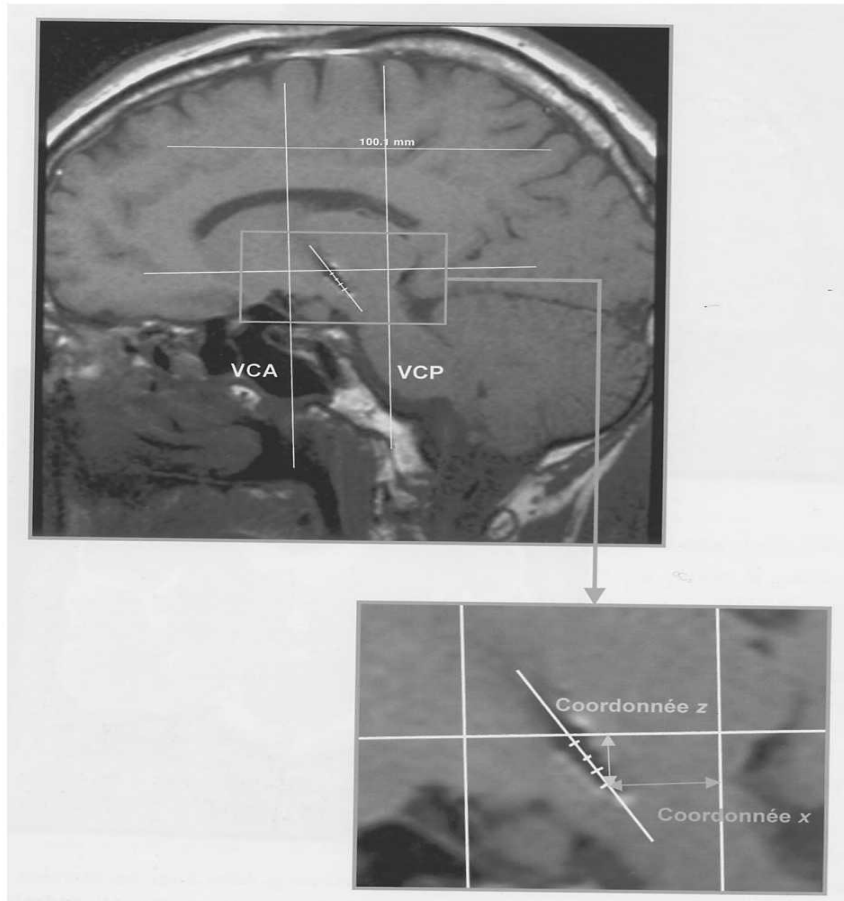
La stimulation cérébrale profonde

Noyau VIM du thalamus



Traitement chirurgical du TE

La stimulation cérébrale profonde



Traitement chirurgical du TE par stimulation cérébrale profonde

- ⇒ Environ 50 à 80 patients opérés en France chaque année (environ 20 centres médico-chirurgicaux en France)
- ⇒ Intérêt: Pas de lésion
- ⇒ Possibilité d'implantation bilatérale des électrodes
- ⇒ Possibilité d'ajuster le réglage de la stimulation lors du suivi au long cours
- ⇒ Amélioration de 60-90% du tremblement (mieux que les médicaments)