

Determining Racial Differences in Essential Tremor

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Objective

To study racial differences in a cohort of Veterans experiencing essential tremor (ET).

Background

Health disparities are quite widespread and there are numerous efforts going on to identify and address these disparities in a timely manner. Racial differences exist regarding access to healthcare, time of diagnosis, initiation of treatment, medication adherence and follow up visits. Racial differences in essential tremor are not well studied.

We designed a retrospective chart review to address some aspects of racial differences in essential tremor.

Methods

The Movement Disorders Clinical Case Registry (MD-CCR) is an application that works within a specific U.S. Veterans Health Administration medical center's electronic medical record (EMR) to query and export information.

We examined charts of 1074 patients with essential tremor. These patients were seen in Parkinson Disease Research, Education and Clinical Center (PADRECC), Michael E. DeBakey Veterans Affairs Medical Center, Houston, Texas, USA from Sept. 1, 2001 - March 31, 2018. Data regarding race, age at the time of onset, diagnosis, and medication intake were obtained.

Each patient's EMR was reviewed to verify the diagnosis of ET.

Table 1. Age Data of Whites vs. AA in ET Population

	Whites	African American
Total Participants (n)	872	164
Age of Onset of ET	51.05 ± 18.45	50.41 ± 18.59
Age of Diagnosis	64.38 ± 11.47	63.51 ± 10.33

AA = African American; ET = Essential Tremor

Results

Of the 1074 patients identified with ET, 872 (81.2%) were white and 164 (15.3%) were African American (AA).

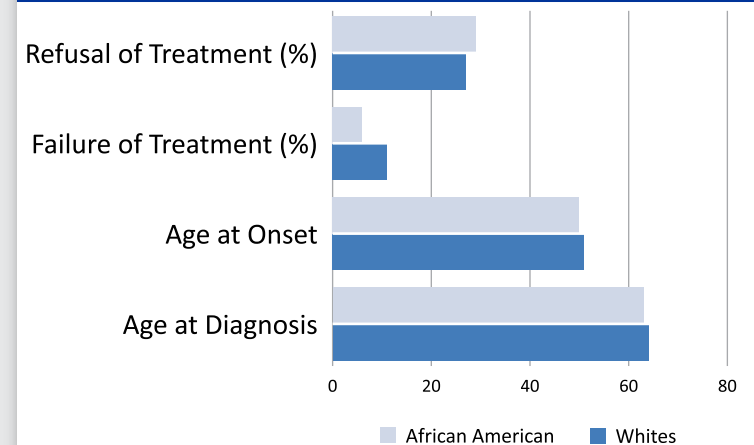
Age of onset was 51.05 ± 18.45 and 50.41 ± 18.59 years respectively in whites and AA. Age at the time of diagnosis was 64.38 ± 11.47 years in whites and 63.51 ± 10.33 years in AA.



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Figure 1. Racial Differences of Patients with ET



Conclusions

These data identify some of the key features that would help differentiate racial discrepancies in diagnosis of ET.

In our study, we identified no delay in diagnosis among whites vs. AA populations. Interestingly, a larger cohort of whites reported no response to medications.

* The authors have no disclosures.

