

Restless legs syndrome: Essential facts for patients

What is restless legs syndrome and how common is it?

Restless legs syndrome (RLS) is a condition of the nervous system that causes an irresistible urge to move the legs. People with RLS may describe a sensation of stinging, burning, creeping and/or painful tension deep within their legs. RLS symptoms worsen in the evening and at night time, which may lead to sleep problems. Symptoms can also occur during the day, especially after sitting for a long time. RLS symptoms are often on one side, but may shift from side to side or affect both sides at the same time.

Between five and 10% of the population is affected. RLS is even more common in the elderly.

What causes RLS?

Restless leg syndrome may be either primary or secondary (also called symptomatic). Most cases are primary. Primary RLS has no obvious cause, but it often runs in families. There is some evidence of altered metabolism of dopamine and/or iron.

Secondary forms of RLS are caused by an underlying health condition. Some of those conditions include iron deficiency, kidney failure, and some neuropathies. RLS symptoms may occur during pregnancy then disappear after giving birth.

Some medications may also cause secondary RLS, including:

- Certain antidepressants
- Lithium
- Some psychiatric medications (called neuroleptics)

How is RLS diagnosed?

The diagnosis is based on the presence of the four observations below:

- There is an urge to move the legs often with uncomfortable sensations.
- Symptoms are worse or present only at rest.
- Symptoms are partially or totally relieved by movement.
- Symptoms are worse in the evening or at night time.

What are the treatments for RLS?

There is no cure for RLS, but there are effective treatments. In some cases, the cause of the symptoms can be found. Treatment is then focused on addressing the underlying problem. For example, if a patient has low iron storage levels, iron replacement may help.

The following medications may also help the symptoms of RLS:

- 'Dopamine' drugs. These include levodopa, rotigotine, ropinirole, and pramipexole.
- 'GABA' drugs. These include drugs also used for some types of pain, like gabapentin and pregabalin.
- Opioid type drugs. These include drugs prescribed for pain, like oxycodone-naloxone.

Medications are usually taken around dinner time, before the symptoms begin. They may also be taken earlier in the day if needed.

Is RLS related to Parkinson's disease or other movement disorders?

Although they may be treated with the same medications, RLS and Parkinson's disease (PD) are very different diseases. Some PD patients may also have RLS symptoms, but having RLS does not increase your risk of developing PD.

Most patients with RLS have leg movements while they sleep. These movements happen at regular intervals and can involve the big toe, foot, or the entire leg. Movements of this type are called periodic limb movements of sleep.

What can patients with RLS expect?

RLS symptoms wax and wane at different time periods. They may even disappear. However, symptoms may persist and require continued use of medication. This is particularly true if there is a family history of RLS or if symptoms start at an advanced age.

What can RLS patients do to help ease the symptoms?

Patients with RLS can do the following to help ease symptoms

- Avoid drugs that can worsen symptoms. These include over-the-counter anti-histamines used for allergies and sleep problems, dopamine antagonists used to reduce nausea, and some types of anti-depressants.
- Exercise may help, especially since it helps provide restorative sleep.
- Some people find relief in massaging their legs with cream or applying hot/cold pads.
- Consult a doctor if symptoms worsen enough to impair quality of life during the day.