

# RESTLESS LEGS SYNDROME



**Restless Legs Syndrome:** *If you suffer from unpleasant tingling and crawling sensations, particularly during the night, you may have Restless Legs Syndrome (RLS). These sensations occur while you are awake. Restless Legs Syndrome is also known as Willis-Ekbom Disease (WED).*

RLS is a neurological movement disorder characterised by uncomfortable sensations in the legs or sometimes the arms, that results in the compelling urge to move the affected limbs. Individuals describe the sensations as pulling, drawing, crawling, wormy, boring, tingling, pins and needles, prickly, and painful. These sensations can occur when the person is at rest. This is usually when sitting, i.e. watching a movie, plane or car travel and sitting with friends. They may also occur when the person lies down for sleep. People with RLS describe an irresistible urge to move the legs when the sensations occur. Usually, moving the legs, walking, rubbing or massaging the legs, or doing knee bends can bring relief, at least briefly. If the legs are not moved, they can twitch/jerk involuntarily. Symptoms are usually worse in the evening and may make falling asleep very difficult, a condition called Sleep Onset Insomnia. If sufferers do manage to fall asleep, leg movements may lead to frequent awakenings, a sense of insomnia and as a result they have unrefreshing sleep. It is easy to see why RLS sufferers complain of irritability, anxiety, and depression.

**Who gets RLS?** RLS occurs in both sexes, however women are twice as prone to RLS than men. Symptoms can begin any time, but are usually more common and more severe amongst older people with varying degrees of intensity. As many as 7 to 10% of the population may be affected, with approximately 2% of these being children. RLS does not present the same for all sufferers. What works for one may not work for another and the location of the symptoms can also vary amongst patients, being in the legs, feet, arms, hands or other body parts. Up to 80% of people with RLS can also have Periodic Limb Movement Disorder (PLMD), which is a completely separate condition to RLS. People with PLMD do not usually have RLS. RLS occurs while the person is awake whilst PLMD occurs in sleep.

## **How do I know if I have RLS?**

- You have a strong urge to move your legs when sensations of crawling or tingling occur.
- Your symptoms occur when you are at rest, such as sitting or lying down.
- Your symptoms decrease when you move or massage the affected limbs.
- Symptoms are worse in the evening or when trying to sleep.
- Symptoms are not attributed to another medical condition like, nocturnal leg cramps, arthritis, peripheral neuropathy.

**How is RLS diagnosed?** There is no laboratory test that can make a diagnosis of RLS and, when someone with RLS goes to see a doctor, there is usually nothing abnormal the doctor can see or detect on examination. To help make a diagnosis, the doctor should ask about all current and past medical problems, family history, and current medications. If RLS is suspected, a referral to sleep specialist is advised.

**What causes RLS?** The cause is generally unknown, however, certain factors may be associated:-

- RLS may be hereditary. There is 30-50% greater chance that you will develop RLS if your ancestors had it.
- RLS may occur during pregnancy, especially during the final trimester. The symptoms usually disappear after delivery.
- Low iron levels or anaemia may worsen symptoms. Low iron in the brain has been linked to RLS.
- Chronic diseases may lead to RLS, particularly kidney failure. Other diseases such as diabetes, rheumatoid arthritis, Parkinson's disease or damage to the nerves of the arms, hands, legs, or feet (i.e. peripheral neuropathy) may also be associated with RLS.
- High caffeine (coffee), sugar, alcohol intake and smoking may make RLS worse.
- Attention deficit hyperactivity disorder (ADHD) is common in children and adults with RLS.

**How is RLS treated?** If a cause such as anaemia or low iron can be identified, treating this may resolve the RLS. In mild cases, some people find that activities such as taking a hot bath, massaging the legs, using a heating

pad or ice pack, exercising, and eliminating caffeine may help alleviate symptoms. In more severe cases, medications are prescribed to control symptoms. Unfortunately, no one drug is effective for everyone with RLS. A medication that is initially found to be effective may lose its effectiveness with nightly use and it may be necessary to change medication in order to keep symptoms under control.

The most commonly used drugs are:

Calcium channel blockers (such as Pregabalin and Gabapentin)  
Dopaminergic drugs (such as those used to treat Parkinson's disease)  
Opioids (such as codeine)  
Benzodiazepines (eg. Clonazepam, diazepam)

Although there is some potential for benzodiazepines and opioids to become habit forming, this usually does not occur with the small dosages given to most RLS patients. Dopaminergic drugs can, eventually, reduce in efficacy and even exacerbate the RLS symptoms.

***Does the severity of RLS change?*** Symptoms usually worsen with age. The severity of symptoms can vary throughout the person's life. For some individuals, there may be periods when RLS does not cause problems, but the symptoms usually return.

***Triggers for RLS?*** RLS may be aggravated by antidepressant medications. If you take antidepressant it may be necessary to find one you can tolerate with your RLS symptoms. Please consult with your doctor. Caffeine, sugar, alcohol, and smoking can worsen symptoms, especially when you suddenly start or stop using them. Stress and anxiety are also contributing factors. Some antihistamines, cold/flu medications and cough syrups can also exacerbate RLS symptoms. Antinausea drugs such as travel sickness medications may increase symptoms. Whilst mild to moderate exercise can help with RLS, excessive exercise can trigger symptoms for some people.

***Sources of help and information*** - *If you think you may have RLS, you should consult your family doctor. Referral from your family doctor will be necessary before you can consult a specialist physician.*

**DISCLAIMER - Information provided in this fact sheet is general in content and should not be seen as a substitute for professional medical advice. Concerns over sleep or other medical conditions should be discussed with your family doctor.**

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