

### **WHAT ARE THE PRIMARY FEATURES OF RLS?**

- There is a strong urge to move your legs which you may not be able to resist. The urge is usually, but not always, accompanied by uncomfortable sensations. They may be described as tingling, creepy-crawly, itching, pulling, tugging or gnawing.
- The urge to move and uncomfortable sensations begin or worsen when at rest- for example, while sitting or lying down. Symptoms are more likely to occur and to be severe if you are at rest for a long time (for example, when trying to fall asleep).
- When you move your legs, the RLS symptoms get better- at least temporarily. Relief continues as long as you are moving. The RLS symptoms may return when you are at rest again.
- The RLS symptoms are worse in the evening, especially when lying down and close to bedtime.

### **WHAT ARE THE CONSEQUENCES OF RLS?**

- People with RLS often have difficulty falling asleep and staying asleep. Sleep is often described as restless and not refreshing.
- Some people with RLS have periodic leg jerks after they fall asleep. This is called Periodic Limb Movements of Sleep. The jerks can occur every 20 to 30 seconds and can cause frequent partial awakenings that disrupt sleep.
- When RLS is severe, many people resort to walking around the house during the middle of the night to get some relief- they become “nightwalkers”.
- When sleep is disturbed, it can be difficult to get through the day. People complain of irritability and difficulty concentrating and focusing on tasks.

### **WHAT CAUSES RLS?**

No one is sure exactly what causes RLS. There is extensive research being conducted around the world.

- RLS often runs in families. This is called familial or primary RLS. Researchers are currently looking for the gene or genes that cause RLS.
- RLS may be the result of another condition. This is called secondary RLS. Examples of secondary RLS include pregnancy, uremia (kidney failure) and iron deficiency anemia. As many as 25% of women develop symptoms of RLS during pregnancy, but symptoms usually disappear after giving birth. Anemia and low iron levels contribute to RLS symptoms. RLS symptoms are very common in people with end stage renal disease who require dialysis.
- RLS occurs frequently in patients who have nerve damage to their hands or feet (peripheral neuropathy, as may occur in diabetes). RLS is not secondary to the nerve damage and both conditions need to be treated.

### **HOW IS RLS DIAGNOSED?**

- The diagnosis of RLS is based on your symptoms. *Currently there are no lab tests (including a sleep study) available to confirm a diagnosis of RLS.* A sleep study provides no information about RLS, although it may be helpful in diagnosing leg movements during sleep, sleep apnea, or another sleep disorder.

- Your doctor should review your medical history and current medications. Certain medications can cause or worsen RLS symptoms. Examples include antidepressants, antihistamines (cold and allergy preparations), lithium, and neuroleptics (e.g. Haldol, phenothiazines).
- Your doctor may want to check your iron levels. This test will include evaluating Ferritin levels, an iron containing protein that is the primary form of iron storage in the body.

## **HOW IS RLS TREATED?**

### Medication

On May 5, 2005 the FDA approved Requip (ropinirole) for the treatment of moderate to severe primary RLS. On November 10, 2006, the FDA approved Mirapex (pramipexole) for the treatment of moderate to severe primary RLS.

- Dopaminergic Agents are the most effective and generally first line treatment for RLS. Examples include Requip (ropinirole), Mirapex (pramipexole) and Sinemet (carbidopa/levodopa).
- Sedatives (sleeping pills) are used to help improve sleep quality for patients with RLS who still have difficulty sleeping even when RLS symptoms are well controlled. Examples include Klonopin (clonazepam), Restoril (temezepam), Ambien & Ambien CR (zolpidem) and Lunesta (eszopiclone).
- Narcotic Analgesics are usually reserved for patients with severe symptoms that do not respond to dopaminergic agents or sedatives. Examples include Vicodin (hydrocodone), Codeine, and Percocet (oxycodone)

### Non-Medication

- Reduce/eliminate alcohol and caffeine, particularly close to bedtime
- Establish and maintain good sleep habits
- Walking, stretching, massage, relaxation, hot/cold bath
- Keep your mind busy while at rest to help distract you from the RLS symptoms

## **FOR MORE INFORMATION:**

[www.rls.org](http://www.rls.org)

[www.sleepfoundation.org](http://www.sleepfoundation.org)