

Restless Legs Syndrome

RLS is a movement disorder characterised by uncomfortable sensations in the legs or sometimes the arms. Individuals describe the sensations as pulling, drawing, crawling, wormy, boring, tingling, pins and needles, prickly, and painful.

These sensations occur when the person with RLS sits for prolonged periods of time, such as at a desk, riding in a car, or watching a movie. They may also occur when the person lies down before 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 frequently jump involuntarily.

Symptoms are always 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 and as a result they have unrefreshing sleep. It is easy to see why RLS sufferers complain of irritability, anxiety, and depression.

Low iron levels or anaemia may cause 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 may also be associated with RLS. High caffeine (coffee) intake may make RLS worse as may stress. Lastly, some medications (in particular antidepressants may aggravate the condition)

Who gets RLS

RLS occurs in both sexes. Symptoms can begin any time, but are usually more common and more severe among older people. As many as 2 to 5 percent of the population may be affected, with varying degrees of intensity. RLS often runs in families; there is a 50% chance that an individual with RLS will have a first degree relative with the condition.

Does the severity of the condition change

Symptoms may gradually worsen with age. The severity of symptoms varies from night to night and over the years as well. For some individuals, there may be periods when RLS does not cause problems, but the symptoms usually return.

What is PLMS and how is it diagnosed?

Periodic Limb Movements of Sleep (PLMS) are those involuntary leg movements that occur during sleep that disrupt the ability to achieve and maintain a deep refreshing sleep.

PLMS is seen equally in both men and women and occurs more commonly with advancing age. It affects only 2% of the population of ages less than 30, 5% of ages 30 to 50, and 25% of ages 50-60. Up to 44% of the population of age 65 or older may have PLMS. As many as 80% of people with RLS also have PLMS and as they may have trouble both falling asleep and staying asleep, they may suffer from fatigue or sleepiness during the day.

PLMS can be identified with an overnight sleep study, or polysomnogram. Leads are attached to your legs while your sleep is measured. This is done at a Sleep Disorders Laboratory. Sometimes recording of leg movements over a longer period (1-2 weeks) may be done with a portable monitor worn around the ankle.

How are RLS and PLMS treated?

If a cause such as anaemia can be identified, treating this may resolve the RLS.

In all cases, controlling caffeine intake, alcohol, and smoking may also help.

In mild cases, some people find that activities such as taking a hot bath, massaging the legs, using a heating pad or ice pack and exercising 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 dopaminergic drugs such as pramipexole and calcium channel ligands such as gabapentin. Occasionally other medications such as benzodiazepines (such as Valium) and opioids (such as codeine) are used.