

Restless Legs and Sleep



About 5-15 percent of Australians are affected by Restless Legs Syndrome (RLS).

More than half of patients have a family history and there is a known association between RLS and cardiovascular disease.

More than 90 percent of people with RLS have associated insomnia – usually trouble getting to sleep. Your specialist may consider a sleep study if excessive daytime sleepiness suggests significant sleep disruption.



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RLS Restless Legs Syndrome



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WHAT IS RESTLESS LEGS SYNDROME (RLS)?

Restless Legs Syndrome (RLS) is a problem where you feel significant discomfort in the legs whilst you are awake. People use a variety of words to talk about how it feels such as pulling, drawing, crawling, wormy, boring, tingling, itchy, pins and needles, prickly and painful.

You may notice this discomfort especially when you try to stay still for a long time such as working at a desk, sitting in a car or plane, watching a movie or lying in bed. When it happens, you feel a very strong urge to get up and walk or move your legs which makes the feeling go away temporarily.

The symptoms often get worse throughout the day and are especially severe at night when they can make it hard to fall asleep. People with RLS may also be told that their legs move while they are asleep and can wake up a number of times. As a result, they might not get as much sleep as they need and can end up feeling irritable, anxious and depressed.

More than 80 percent of people with RLS also have Periodic Limb Movement Syndrome where the legs (and sometimes arms) twitch or jerk involuntarily during sleep every 15-40 seconds.

WHO GETS RLS?

RLS can begin at any age but the risk of having it goes up as you grow older. It is more common in women than men and pregnancy or hormonal changes may temporarily worsen RLS signs and symptoms.

Researchers have identified variants on genes which increase risk for RLS may be present and if your parents had RLS, your risk of having it is higher (30-50 percent), especially if they experienced symptoms before the age of 40.

RLS can also occur in a variety of medical conditions and can be made worse by certain medications.

WHAT CAUSES RLS?

There has been a substantial amount of research over the past 20 years into understanding the cause of RLS. Three major factors have been identified: brain concentrations of iron, brain dopamine concentrations and genetics.

Iron deficiency can lead to RLS. It can occur in pregnancy and will usually go away after giving birth. RLS has also been associated with too much caffeine, smoking and alcohol.

Other health problems can lead to RLS such as anaemia and kidney problems as well as neurological conditions. Certain medications can also bring on RLS which can go away once these are stopped.

Often, there's no known cause but researchers suspect the condition may be caused by an imbalance of the brain chemical dopamine, which sends messages to control muscle movement.

CAN RLS GET WORSE OR BETTER BY ITSELF?

It's common for symptoms to fluctuate in severity. Sometimes, they will disappear for periods of time, then come back but the condition generally worsens as you age.

For people with RLS symptoms caused by a medical condition or reversible factor (e.g. iron deficiency), treatment of that condition can improve their RLS.

Most people, however, have the "idiopathic" form, meaning there's no known cause, and their symptoms will gradually get worse over time.

HOW DO I KNOW IF I HAVE RLS?

Diagnosis is based on assessment of symptoms you describe to your doctor. There is no lab test for RLS.

The five basic criteria for diagnosis are:

- a strong and overwhelming urge to move

the legs that is associated with abnormal, unpleasant, or uncomfortable sensations

- the urge to move the legs starts or worsens during periods of rest or inactivity
- the urge to move the legs is at least temporarily and partially relieved by movement
- the urge to move the legs starts or worsens in the evening or at night
- there are no other medical or behavioural conditions to explain the above

HOW CAN RLS BE TREATED?

There are many ways to make the legs feel better and reduce symptoms for people with mild to moderate RLS including:

- Walking, rubbing them, massaging them, doing knee bends or just moving them. If you don't move, your legs will often jump by themselves
- Applying heat or ice, or soaking in a hot bath
- Going to bed and getting up at the same time each day, including on the weekend
- Exercising regularly, but moderately (strenuous exercise can worsen symptoms)
- Cutting down on your caffeine, nicotine and alcohol intake
- If there are medications that cause these symptoms, they may need to be stopped if possible
- If your RLS stems from another problem (e.g. iron deficiency or kidney disease), treating the cause. Your doctor may order a blood test to check for some of these conditions

Most cases of RLS can be treated with non-drug therapies but, where necessary, your sleep specialist may prescribe medications to manage pain or dopamine levels and help you sleep.

To find out more go to www.woolcock.org.au/clinic.