

Therapeutic management of restless legs syndrome

If symptoms are mild or infrequent, no treatment is needed.

If symptoms are bothersome, one or more of the approaches listed below may be advised.

Treatment of secondary restless legs syndrome (RLS) involves treating the underlying causes, such as iron deficiency.

A change in medication may be advised if a side effect is thought to be responsible.

Lifestyle and sleep advices :

- 1 Simple distractions such as reading or watching TV can relieve mild symptoms.
- 2 Go to bed and get up at the same time every day and do not take naps.
- 3 Exercise or walk regularly.
- 4 Avoid drinks with caffeine before bedtime, reduce or eliminate alcohol.
- 5 Take a warm bath before bedtime.
- 6 Salt, chocolate and very spicy food can worsen symptoms.

On the web

To get information, learn how to recognise the main symptoms of various pathologies and find practical advice on sleep.

www.cenas.ch

Discover the Sleep blog and test your sleep quality on Cenas' website.

www.cenas.ch/blog

You believe you might be suffering from restless legs syndrome ?

Talk to your doctor if you think you are affected by RLS. In most cases, they have the right tools to help and guide you.

You can also consult a doctor specialising in sleep disorders. They will give you the right diagnosis and guide you towards the most appropriate therapies.



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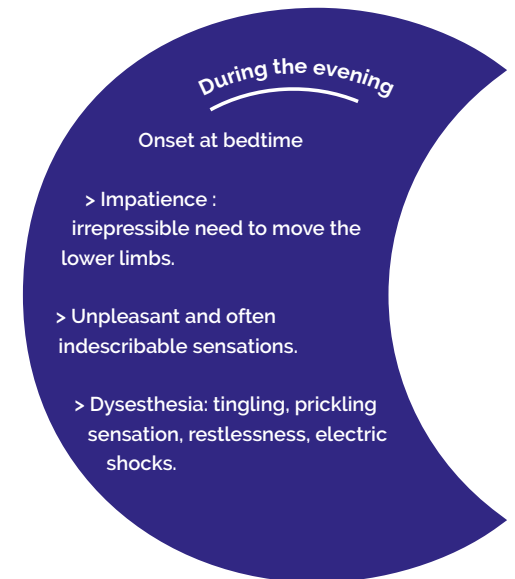
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OBJECTIVE SLEEP

Restless legs syndrome

Learn how to identify symptoms :

WILLIS-EKBOM DISEASE



 **cenas**
Médecine du sommeil

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Did you know ?

Restless legs syndrome is a common condition that affects quality of life, and yet is often unrecognised and undertreated.

8,5 % On average, 8.5% of the population is affected by restless legs syndrome.

5 to 6 Patients with restless legs syndrome are 5 to 6 times more likely to also have a family member who is affected.

2/3 Two thirds of patients with restless legs syndrome are women.

80 % 80% of patients with RLS also have periodic leg movements during sleep.

Diagnostic tools for Restless Legs Syndrome

Doctors typically diagnose RLS based on observed commonly associated symptoms. In fact, there are no specific tests to diagnose this condition.

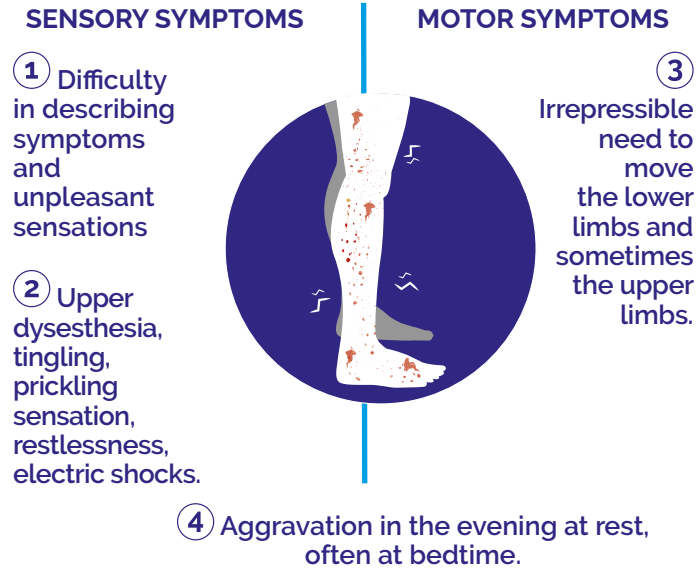
They may order specific tests to exclude a secondary cause, and possibly a blood test.

Additional tests may be necessary if the diagnosis is not obvious.

In some cases, the presence of involuntary movements during sleep, or "Periodic Limb Movement Disorder", may help with the diagnosis. A polysomnographic examination is then carried out.

Understanding Restless Legs Syndrome

Also known as Willis-Ekbom disease, Restless Legs Syndrome is characterised by an almost irrepressible need to move the legs at night or at bedtime, and is most often combined with periodic leg movements.



Symptoms may be mild or severe, and occur intermittently or daily.

In most severe cases, symptoms can lead to strong disturbances such as insomnia or interfere with quality of life (anxiety or depression).

Existing treatments

Iron supplements

Keeping iron levels well above the minimum normal level seems to help some people with RLS. It is likely symptoms will disappear or be significantly reduced after taking iron supplements.

CAUSES OF RESTLESS LEGS SYNDROME

There are primary and secondary forms of RLS.

1 The primary (or idiopathic) form :

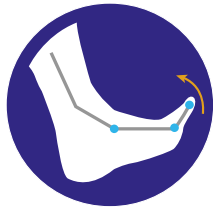
- > Strong genetic component. Lack or imbalance of neurotransmitters, particularly dopamine. Symptoms may worsen gradually with age.

2 Secondary form (associated with another condition or circumstance known to cause or aggravate RLS) :

- > Iron deficiency may cause anaemia. Symptoms usually disappear when iron status is restored.
- > Side effects of certain medications: antidepressants and antipsychotics.
- > Pregnancy; 1 in 5 pregnant women develop restless legs syndrome (especially in late pregnancy). RLS symptoms disappear after delivery.
- > Linked to other conditions such as Parkinson's disease, polyneuropathy, diabetes and thyroid problems.

PERIODIC LIMB MOVEMENT DISORDER (PLMD) :

Repeated and typical movements of the lower limbs during sleep: most often flexion and extension of the big toe, foot and sometimes the knee and hip. It can cause micro-awakenings and thus fragmented sleep.



Pharmacological treatments

Dopamine agonists are a group of drugs commonly used to treat RLS. There are several types and brands such as pramipexole, ropinirole and rotigotine. They restore dopamine levels in patients with RLS. In the long run however, they can make symptoms worse. Many precautions must therefore be taken. Other drugs such as gabapentin and pregabalin may be considered.