

## RLS FAQ – PART 1

“Want To Learn More About Restless Legs Syndrome?”

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### 1. What is Restless Legs Syndrome (RLS)?

Restless Legs Syndrome is a neurological disorder characterized by an irresistible urge to move the legs accompanied by uncomfortable sensations that often occur in the evening or when at rest.

### 2. How is RLS diagnosed?

There is no test for RLS, i.e. no blood test, no imaging or nerve test. A sleep study is not necessary to diagnose RLS. RLS is a clinical diagnosis, meaning that the diagnosis is only made when four criteria are met. If ALL of these criteria are met, then a diagnosis of RLS can be made:

1. An urge to move, usually accompanied or caused by uncomfortable and unpleasant sensations in the legs
2. The urge to move or unpleasant sensations begin or worsen during periods of rest or inactivity such as lying and sitting
3. The urge to move or unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as activity continues
4. The urge to move or unpleasant sensations are worse in evening or night than during the day or only occur in the evening or night

### 3. Are there different types of RLS?

Yes. Restless Legs Syndrome can either be “Primary” or “Secondary:”

1. *Primary* Restless Legs Syndrome – There is no other medical condition that could be causing the restless legs symptoms. Restless Legs Syndrome is the disease in and of itself.
2. *Secondary* Restless Legs Syndrome – Another medical condition, such as renal failure, iron deficiency, or pregnancy has lead to the restless legs symptoms. These restless legs symptoms usually resolve when the underlying condition is treated.

### 4. What is Periodic Limb Movement Disorder (PLMD) and how is it diagnosed?

PLMD is nighttime leg “kicking.” It is different than RLS in that it generally occurs after one has fallen asleep, so the patient is usually not aware of most of the limb movements. Patients with

PLMD have greater than 5 periodic limb movements (PLMs) per hour AND the presence of a clinical sleep disturbance or daytime fatigue, which are not otherwise explained. It can only be diagnosed with a sleep study. Periodic Limb movements can also affect the arms but is less common. Periodic Limb Movements less commonly can occur while awake. In such individuals, they are referred to as periodic limb movements while awake (PLMW).

### **5. Are RLS and PLMD the same thing?**

No. Although they can occur together in the same individual, RLS and PLMD are separate diseases with separate clinical criteria. These terms should not be used interchangeably. They are two distinct diseases. **RLS and PLMD are NOT THE SAME THING.**

### **6. Then what is the relationship between RLS and PLMD?**

Up to 80 to 90% of patient with RLS have PLMs.

However, approximately 45-65% of patients with narcolepsy and up to 70% of patients with REM behavior disorder have PLMS. In fact, up to 34% of all individuals over 60 years of age have PLMs. Thus, PLMs are common, even in normal healthy individuals and PLMs in and of themselves are not necessarily considered a disease.

So if a patient has RLS then it is likely that they have PLMs, but if a patient has PLMs then they do not necessarily have RLS.

### **7. Why did I not hear anything about RLS until the last few years? Is it a new disease?**

Most likely, the first description of a case of RLS occurred in 1672. It was not given the name Restless Legs Syndrome until 1945 by Swedish neurologist Carl Ekbom. However, it was largely ignored until the international RLS study group published their criteria in 1995. Since then, the diagnostic criteria have been carefully fine-tuned.

Despite knowing about RLS for centuries, the first FDA approved medication did not arrive until 2005. Since the introduction of an FDA approved medication, much more media attention has been focused on the disease. Thus it may appear to some that this is a new diagnosis over the last few years.

### **8. How common is RLS?**

Different studies give different prevalence rates, usually ranging between 5 -10% of adults. However, one of the largest population based studies that covered both Europe and the United States

reports an overall prevalence of 7.2%, with 2.7% of the population considered moderately severe, defined as 2 times per week of moderately to severely distressing symptoms.

### **9. Is there a cure for RLS?**

No. But there are good treatments available

### **10. Is it more common in particular ages or sex?**

It is slightly more common in women. It gets worse with age. It is usually a disease of middle age and up, but up to 36% of cases are less than 30 years old. We are now discovering RLS in children but the prevalence is not known.

### **11. Is it inherited?**

Yes, 50% of patients report a positive family history. More detailed understanding of the genetics of RLS is ongoing (see Dr. Boudreau's discussion at last month's RLS meeting).

### **12. What makes RLS worse; causes of secondary RLS?**

Caffeine	Benadryl
Antidepressants	Antipsychotics
Anti-nausea Medication	Excess exercise
Low Iron	Renal Failure
Smoking	Alcohol
Pregnancy	Peripheral Neuropathies
Sleep deprivation	Sleep Apnea

### **13. What are non-medication ways of treating RLS?**

1. Avoid exacerbating factors – Caffeine, Benadryl, Alcohol, Smoking, etc.
2. Treat Sleep Apnea
3. Treat Renal Failure
4. Correct Iron Levels if low normal Ferritin
5. Good Sleep Hygiene – avoid sleep deprivation
6. Distraction – physical as well as mental activity can help, i.e. reading, card games, etc.
7. Mild exercise – a brief walk before bedtime (but avoid excess exercise)
8. Moderate exercise in the daytime
9. Counter Stimulus – massage or hot baths