

Overview

Restless leg syndrome (RLS) is an awake phenomenon consisting of an urge to move the legs, usually associated with sensory paresthesias (abnormal sensations) that are reported as discomfort in the legs. The sensations are relieved with movement such as walking and are worse at night.

Causes

RLS is a clinical diagnosis and no additional objective measurement is either necessary or specific to diagnose RLS. More than 90% of patients seeking a physician's help have problems initiating or maintaining sleep.

RLS affects approximately 10% of US adults. RLS can develop at any age and can develop in children. RLS may be a primary diagnosis or can occur associated with conditions such as iron deficiency, end-stage renal disease, or pregnancy.

Family history is present in 65% of cases. RLS is a disorder of the central rather than the peripheral nervous system. The underlying cause is thought to be related to a malfunction in a neurotransmitter receptor in the brain, the dopamine receptor. If your iron stores are low, simple iron replacement therapy may relieve symptoms. Otherwise, medications designed to stimulate the dopamine receptor are considered to be the drug of choice.

Signs and Symptoms

Your family doctor can usually make this diagnosis by asking the following four questions: Do you have.....

- Urge to move the legs—usually accompanied or caused by uncomfortable leg sensations
- Temporary relief with movement—partial or total relief from discomfort by walking or stretching
- Onset or worsening of symptoms at rest or inactivity, such as when lying or sitting
- Worsening or onset of symptoms in the evening or at night

If iron replacement or a dopamine receptor agonist such as Requip (ropinirole) or Mirapex (primapexole) does not provide sufficient relief of symptoms, benzodiazepines (i.e. Klonopin, Restoril, etc.), Neurontin (gabapentin), Catapres (clonidine), narcotics, and other medications may provide relief.