

Ridding yourself of Restless Leg Syndrome (w/ Video)

December 3 2010, By Keith Herrell



It makes no sense: You've had a long day, and you're ready for a restful night's sleep. But as you lie in bed, you experience an uncontrollable urge to move your legs—perhaps accompanied by unpleasant sensations such as tingling, crawling or even pain.

You may have [Restless Leg Syndrome](#) (RLS), a neurological condition that is classified as a movement disorder, like Parkinson's disease or essential tremor. There is no known single cause, but it is associated with dysfunction of the neurotransmitter known as dopamine at the spinal cord level.

The actual prevalence of RLS is not known, but according to the RLS Foundation, positive response rates for the question, "Do you have a

creepy, crawly sensation in your legs at night when you attempt to sleep?" are between 3 and 15 percent.

"The vast majority of people don't necessarily look for treatment," says Alberto Espay, MD, a UC Health neurologist and member of the UC Neuroscience Institute. "They may feel like it's all in their head, or decide that it's something they're willing to live with rather than see a doctor.

"But RLS does respond to treatment in the overwhelming majority of people, enabling them to improve the quality of their sleep substantially—and with it, enjoy an improvement in their daytime functioning."

A diagnosis of RLS usually involves four criteria, according to the RLS Foundation: an uncontrollable urge to move your legs, accompanied by uncomfortable sensations; the sensations begin or get worse during periods of rest; the symptoms get better when you move your legs; and the symptoms are worse in the evening.

RLS often runs in families, researchers say, and also may appear as the result of another condition such as pregnancy or end-stage renal disease with dialysis.

There are no lab tests to determine if you have RLS. If you visit a doctor, he or she will likely review your medical history, conduct a diagnostic interview and rule out any conditions that might be confused with RLS. In addition, you might be asked to stay overnight in a sleep lab.

Dopamine agonists, which mimic the effects of dopamine in the brain, are the first line of pharmacological treatment, Espay says. The two commercially available (by prescription) are pramipexole (brand name

Mirapex) and ropinirole (brand name Requip).

Other drugs, such as those used to treat nerve disorders, are prescribed if dopamine agonists are ineffective or have intolerable side effects, Espay says. Also, gabapentin, benzodiazepines such as clonazepam or, if needed, opioids such as oxycodone and propoxyphene—medications typically associated with the treatment of pain—can be helpful for those who are unable to benefit from dopamine agonists.

"Treatment for RLS typically relies on a low dose of medication taken by pill at bedtime, and people may not ever need an adjustment," Espay says. "So it's really a good idea to consider visiting a doctor if you have any kind of symptoms that are taking you away from a good night's sleep."

Provided by University of Cincinnati

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