

Restless Legs Syndrome

'Creepy-Crawly' Legs Causing Distress?



written by Harvard Medical School



PR•MED
Patient Education Center

www.patientedu.org

Although many of us take it for granted, sleep is very important for health. For some 12 million Americans, though, falling asleep can be difficult. Instead of snoozing off peacefully in bed, they are tormented by leg discomfort and an irresistible urge to move their legs. More often than not, that means hopping out of bed and pacing the floor. And the consequences go far beyond a night of misery. People with restless legs syndrome (RLS) also may suffer as the condition impacts their daytime activities.

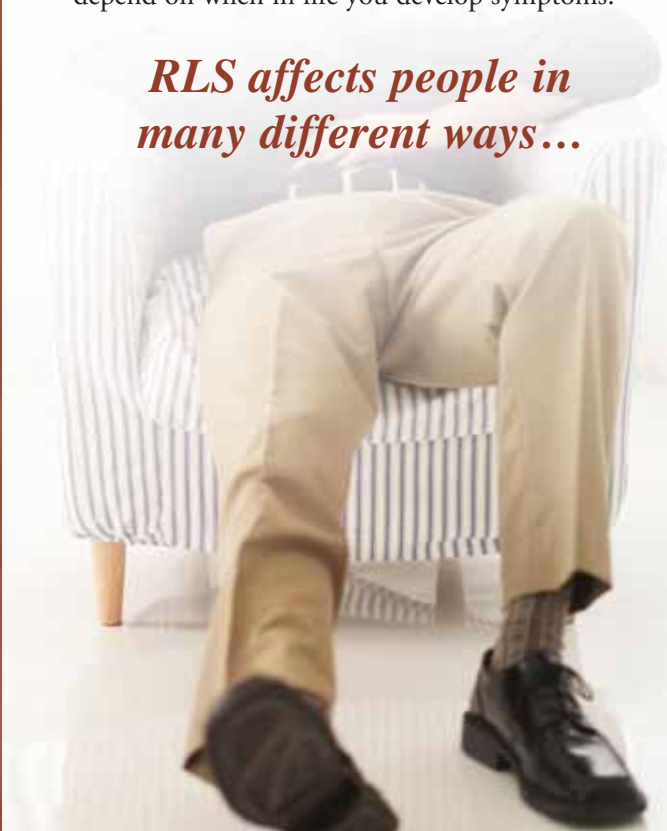
For more information about restless legs syndrome from Harvard Health Publications, go to www.patientedu.org.

Do I Have Restless Legs Syndrome?

RLS is a recognized medical condition. An urge to move and leg discomfort are the hallmark symptoms of RLS, but it's not usually described as pain. Instead, the sensation is characterized as a tingling, bubbling, crawling, prickling, or burning sensation like "ants crawling up my legs" or "soda pop in my veins."

RLS affects people in many different ways, but certain patterns of discomfort do help doctors diagnose the condition. Some people only have symptoms of RLS every once in a while, like when they're under a lot of stress. Others have symptoms that become more frequent and severe, often upsetting how well they fall sleep. Severity may depend on when in life you develop symptoms.

RLS affects people in many different ways...



Most types of leg pain are triggered by activity and relieved by rest—but in RLS, it's the reverse. The symptoms begin at rest and are more intense when the sufferer is—or should be—the most comfortable. RLS typically flares up at bedtime, but it can also develop when people settle down into a chair at the end of the day or for a long car or plane ride. But as RLS becomes more severe, the discomfort begins earlier in the day, although it frequently intensifies at bedtime.

The only way people with RLS can stop the ants from crawling through their legs is to move about. They fidget, move their legs, and toss and turn. The urge to move is irresistible. In RLS, patients have to get out of bed and pace the floor to get relief.



Who Gets RLS?

RLS is common. Most surveys peg the prevalence at about 10% of the population. The intensity of RLS ranges from mild to moderate to severe. RLS becomes more common as people get older, but it can begin early in life. In all age groups, RLS is more common in females than males.

What Causes RLS?

In most cases of primary RLS, the cause is unknown. About 40% of patients have a strong family history of RLS, and researchers have linked the disorder to specific genetic abnormalities. Primary RLS is not known to lead to other serious medical conditions. In most cases, RLS strikes without rhyme or reason.

However, some cases of RLS are tied to other medical problems. If another condition causes RLS, it's known as secondary RLS. Iron deficiency is the most common cause. Secondary RLS is also caused by other underlying medical conditions, including pregnancy, kidney failure, and diabetes.



In RLS, patients have to get out of bed and pace the floor to get relief.



Diagnosis: *RLS*

There are currently no specific tests for RLS. Diagnosis is primarily based on discussions between you and your doctor, the use of diagnostic screening questions, a review of your medical history, and a physical exam. The four key diagnostic criteria are:

1. A distressing sensation deep in the legs that produces a strong urge to move the legs that is ...
2. Brought on or worsened by rest and ...
3. Starts or is worse at night or in the evening and ...
4. Is temporarily relieved by moving or walking.

A symptoms diary, such as the one on pages 12 and 13, can help your doctor determine the severity of your RLS. It can also help you and your doctor figure out what makes your RLS worse and how it is affecting your sleep and your daily activities.

Your doctor may order a sleep study, called *polysomnography*, if a more serious sleep disorder such as *sleep apnea* (periodic pauses in breathing during sleep) is suspected.

Your doctor may also order other laboratory tests to check for conditions such as diabetes, kidney disease, iron deficiency, and pregnancy—common causes of secondary RLS. If you have restless legs symptoms, it is important to see your doctor to understand what's causing them.

About 60% of people with RLS say someone in their family has the same symptoms. This is why it is important to share your full medical history with your doctor; you may want to discuss your symptoms with other family members. Also, remember to tell your doctor about all medicines you take, including over-the-counter and herbal supplements since some medications can cause RLS symptoms.

About 60% of people with RLS say someone in their family has the same symptoms.





Treatment: *Lifestyle*



Once diagnosed with RLS, you should discuss with your doctor what changes to your lifestyle may help to reduce the effects of your RLS symptoms. Mild RLS can often be treated in this way.

Should your symptoms be more severe, however, your doctor may prescribe medication. Regardless of the severity of your symptoms, lifestyle changes may help you manage your RLS. Talk with your doctor before beginning any exercise program.



If you're low in iron, your doctor may recommend iron supplements—be sure your doctor diagnoses and treats the reason for your iron deficiency.



If you smoke, stop. It will surely help your health.

If you drink alcohol, try omitting it to see if it helps take the edge off your RLS.



The same goes for caffeine—and that means cola, energy drinks, and chocolate, as well as coffee and tea.



Getting moderate exercise during the day may help calm your legs at night; walking is a fine example.



Special leg-stretching exercises at bedtime may also help (see figures on pages 10 and 11).



Some people find cold showers to be beneficial, but others prefer heat.



Finally, some people with mild RLS may be able to get to sleep by simply massaging their calves or stretching their legs in bed. But many people with moderate-to-severe RLS need medication.

Stretches to Relieve Leg Discomfort

Here are a few stretches that might help to relieve your RLS symptoms. **Remember to talk with your doctor before beginning any new exercise routine.** Slowly ease into all stretches, and never bounce or jerk while stretching. If pain occurs, consult your physician.

Wall Lean ▶

For your calves and Achilles tendons

Stand about three feet from a wall, with your feet pointing straight ahead. Step forward with one foot, but keep your back knee straight. Push your pelvis forward as far as comfortable, keeping your heels firmly on the floor. As you improve, start farther from the wall to give yourself a greater stretch; aim to bring your leg to a 45-degree angle with the floor. Relax and then repeat with your rear knee bent to move the stretch down to your Achilles tendon. Relax again and then switch to the other side.



◀ Thigh Stretch

For your quadriceps muscles

Stand facing a wall, close enough to touch it for balance if necessary. Keep one leg straight while you bend your other knee and grasp your ankle to pull your heel up toward your buttocks. Relax and then repeat before switching to the other side.

Hamstring Stretch ▶

For your hamstrings

Rest one heel on the second or third step of a staircase. Keep your knees straight as you lean forward to touch the foot on the steps. Keep your head down and your pelvis as far forward as possible.

Relax and then repeat before switching to the other side. As you improve, you'll be able to reach your toes instead of just your ankle. Then you can move up to a higher step.



Your Symptoms Diary

Reviewing your symptoms diary can help your doctor make an appropriate diagnosis. Fill out this daily symptoms diary each morning when

you first wake up and each night before bed. Then, show it to your doctor so he or she can see how your symptoms impact your life.

| | Day 1 | Day 2 | Day 3 |
|--|---|---|---|
| Date: | / | / | / |
| Hours of Sleep: | | | |
| Symptoms: | | | |
| Severity: (scale of 1 to 5; 5 being the worst) | | | |
| What Time of Day Did You Have Symptoms? | : | : | : |
| What Were You Doing When They Started? | | | |
| Did They Keep You From Sleeping? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Did You Consume Any: caffeine, alcohol, tobacco, over-the-counter medications, other? | <input type="checkbox"/> yes <input type="checkbox"/> no list: | <input type="checkbox"/> yes <input type="checkbox"/> no list: | <input type="checkbox"/> yes <input type="checkbox"/> no list: |
| Prescription Medications You Are Taking: | list: | list: | list: |
| What Helped Ease Your Symptoms? | | | |
| How Did You Feel During the Day? | | | |

| Day 4 | Day 5 | Day 6 | Day 7 |
|---|---|---|---|
| / | / | / | / |
| | | | |
| | | | |
| | | | |
| : | : | : | : |
| | | | |
| <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> yes <input type="checkbox"/> no list: | <input type="checkbox"/> yes <input type="checkbox"/> no list: | <input type="checkbox"/> yes <input type="checkbox"/> no list: | <input type="checkbox"/> yes <input type="checkbox"/> no list: |
| list: | list: | list: | list: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Adapted from: Restless Legs Syndrome Foundation
(www.rls.org/NetCommunity/Document.Doc?&id=8).

Treatment: Medication

The exact cause of primary RLS is unknown. However, experts believe that it's caused by a dysfunction in *dopamine*, a chemical that transmits signals between nerve cells. Ask your doctor about effective ways to relieve RLS symptoms, including prescription medications. And be sure to review all of your medications, prescription and over-the-counter, with your doctor before beginning any new medication.

Relaxing Restless Legs

Fortunately, lifestyle changes may help quiet mild RLS, and effective medications can do the same for moderate and severe cases of primary RLS. So talk with your doctor about ways to relax restless legs so you don't spend your nights fidgeting or pacing to relieve the “creepy-crawlies” in your legs at night.

For more information about RLS, visit these Web sites:



Restless Legs Syndrome Foundation

www.rls.org

507.287.6465



National Heart, Lung, and Blood Institute

www.nhlbi.nih.gov

301.592.8573



National Center on Sleep Disorder Research

www.nhlbi.nih.gov/about/ncsdr

301.435.0199



National Sleep Foundation

www.sleepfoundation.org

202.347.3471



Worldwide Education & Awareness for Movement Disorders

www.wemove.org

email: wemove@wemove.org



To learn more about restless legs syndrome, visit the **Pri-Med Patient Education Center** at www.patientedu.org/rls.

Brought to you by:

PRIMED Patient Education Center



HARVARD
MEDICAL SCHOOL



Pri-Med Patient Education Center
2127 2nd Ave North
Fort Dodge, IA 50501
service@patientedu.org

The editorial content for this brochure was developed and created by Harvard Medical School and the Pri-Med Patient Education Center. The content does not necessarily represent the opinions or views of our advertisers. Financial support for the printing and distribution of this brochure has been provided by GlaxoSmithKline.

Disclaimer: The Information provided in this brochure and on the PMPEC Web site is for information purposes only and is not intended to provide or be a substitute for professional medical advice, diagnosis or treatment. Neither PMPEC nor its affiliates or licensors guarantee the accuracy, adequacy, timeliness or completeness of any information and are not responsible for errors or omissions or any consequences arising from the use of the information. The use of the PMPEC Web site is at the user's own risk and all information contained therein is subject to change. Mention of a specific product, company, organization, Web site or URL address, treatment, therapy or any other topic does not imply a recommendation or endorsement by PMPEC, its affiliates or licensors. Harvard Medical School does not endorse any products.