

Don't Stress Over RLS



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What is Restless legs syndrome (RLS)?

RLS is an uncontrollable urge to move one's legs while at rest. This uncontrollable, writhing motion, often results in significant sleep impairment. If you are one of the unfortunate 2.5-15% of the population who suffer from RLS, you are aware of the significant disturbance this can cause in one's life. The sleep disturbance results in decreased productivity, irritability, sluggishness, depression, low energy, etc.

Who gets RLS and how common is it?

- RLS is more common in women
- Caucasian decent is the most common
- Incidence of RLS increases with age
- 2.5—15% of the population suffer from RLS

Individuals with RLS, often have several other comorbid conditions. These comorbid conditions require medications, which are often expensive, and difficult to manage.

Diagnosis of RLS: NIH and National Institute of Neurological Disorders and Stroke criteria from 2003

- 1.** An urge to move the limbs with or without sensations.
- 2.** Improvement with activity. Many patients find relief when moving and the relief continues while they are moving. In more severe RLS, this relief of symptoms may not be complete or the symptoms may reappear when the movement ceases.
- 3.** Worsening at rest. Patients may describe being the most affected when sitting for a long period of time, such as when traveling in a car or airplane, attending a meeting, or watching a performance. An increased level of mental awareness may help reduce these symptoms.
- 4.** Worsening in the evening or night. Patients with mild or moderate RLS show a clear circadian rhythm to their symptoms, with an increase in sensory symptoms and restlessness in the evening and into the night.

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National Institute of Neurological Disorders and Stroke, use the following criteria to support the diagnosis.

1. The symptoms are more severe at night and do not occur, or are negligible, in the morning (although in extreme cases, symptoms may occur in the daytime)
2. An irresistible urge to move the legs and/or arms, often associated with a sensation of pain, burning, pricking, tingling, numbness, or other unpleasant or unusual sensations
3. The sensations begin following relaxation or a period of staying still, and during sleep
4. Temporary relief from these sensations occurs during movement of the affected legs and/or arms

How is RLS treated?

RLS can be managed with non-pharmacologic and pharmacologic approaches and often times, a combination of both.

Non-pharmacologic:

- Behavior modifications
- Trigger avoidance
- Novel Devices
 1. Relaxis Pad
 2. restiffic by mediUSA

Pharmacologic:

- Vitamins
- Opioids
- Ergot alkaloids
- Benzodiazepine
- Gabapentin
- Ropinirol (Requip)
- Rotigotine
- Zolpidem
- Zaleplon
- Etc.

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What management path is best for you?

When approaching the management of RLS, many factors must be considered. First and foremost, is there an actual RLS symptom relief for the patient. Any time pharmacologic therapy is implemented, there are side effects. Thus, the medication must provide symptom control that outweighs the side effects being felt by the patient.

As previously stated, RLS is often diagnosed in patients with multiple comorbid conditions. Patients with these other conditions often take numerous medications, resulting in polypharmacy. The prevalence of a potential hepatic cytochrome enzyme-mediated, drug-drug interaction (decreased ability of the body to eliminate each medication) can be as high as 80% when a patient is taking five different medications. The risk of drug-drug interaction can approach 100% when a patient is taking twenty medications. These interactions can and often decrease the efficacy of the medication being given to control RLS and/or, work synergistically with another medication resulting in enhanced side effects of the medications.

The non-pharmacologic approach to RLS symptom management offers many advantages for patients. The novel device options have zero risk of drug-drug interaction. Also, using a device will allow a reduced number of medications, leading to reduced side effects that would be received from pharmacologic therapies.

There are special circumstances when medications are either an absolute contraindication or a relative contraindication.

Example: Pregnancy, end stage renal disease, elderly, etc.

The novel device option is the only option of treatment in many of these cases. (Continued)

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A novel device for treatment of RLS could include restiffic, a drug-free therapy alternative. The initial feedback from the new restiffic novel device from mediUSA, has been shown to significantly reduce the symptoms of moderate to severe RLS symptoms.

Conclusion:

Restless legs syndrome (RLS) is a chronic condition that has far reaching effects to all those who suffer from this syndrome. With a quick look at the multiple pharmacologic therapies offered for RLS, it highlights that one type of therapy does not work for everyone. The goal of therapy, either non-pharmacologic or pharmacologic, is to control the symptoms and improve quality of life. The only way to accomplish this is to best match the treatment with the needs of each patient.



Works Cited:

Restless Leg Syndrome Fact Sheet." National Institute of Neurological Disorders and Stroke. Office of Communications and Public Liaison, n.d. Web. 26 Jan. 2017.