Sleep Medicine

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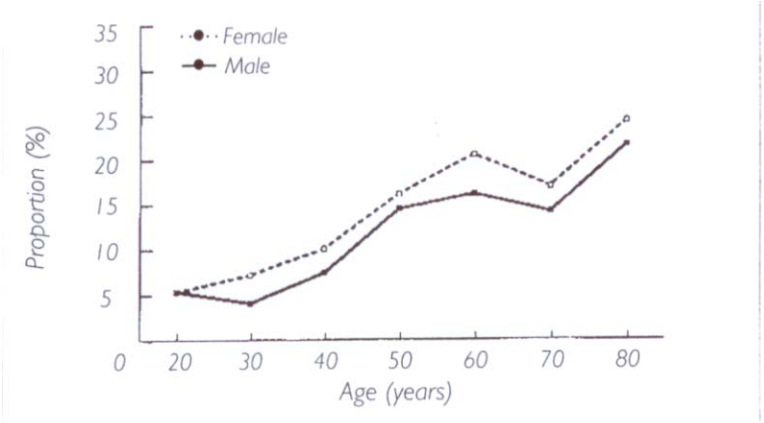
RESTLESS LEG SYNDROME

Common condition in which prevalence increases with age (fig 1). Severity varies from occasional to every night *and in very severe cases* during the day. (table below).



The majority of patients who have restless leg, when studied at night, have periodic limb movement disorder.

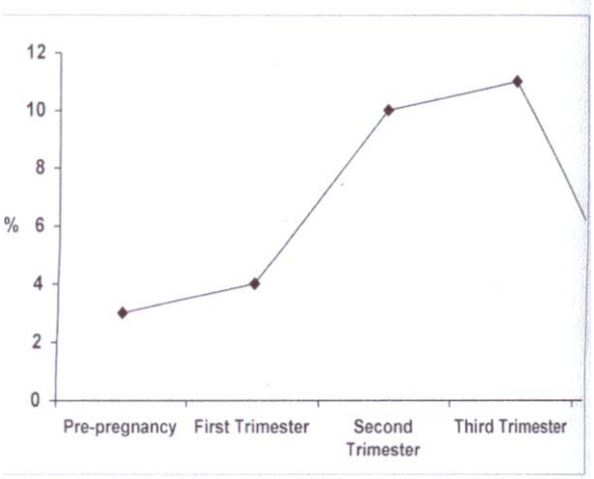
Restless leg can be idiopathic and runs in families, particularly when started before the age of 45 or can be secondary to many causes (table).

Table 6.2: Restless leg syndrome and periodic limb movement disorder secondary to:

- Iron deficiency
- Pregnancy and estrogen
- Rheumatological disorders (rheumatoid arthritis, fibromyalgia)
- Extrapyramidal syndrome (Parkinson's disease, and its variants)
- Spinal cord injury
- Peripheral neuropathy (diabetic, uremic neuropathy)
- Levodopa
- Tryciclic antidepressants
- Serotonin reuptake inhibitors
- Olanzapine
- Lithium
- Withdrawal from benzodiazepines or alcohol

Nicotine and caffeine can aggravate restless leg and periodic limb movements.

Restless leg is common in *pregnancy* (table below) but the prevalence goes back to baseline level after delivery.



Treatment. **Anti-Parkinson medications**. These are considered the first line of treatment and usually effective in mild cases. Medications like Sinemet™ and Madopar™ can be effective. Dopamine agonists such as Ropinirole (Repreve™long acting agent) is effective and available in Australia but not through medicare. These agents can be associated with nausea and the amount of medication has to be started at a low dose. Occasionally the patient may need adding Motilium™ if nausea is an issue. Ropinirole and Pramipexole have been associated in a few case reports with sudden onset of sleep attacks during the day.

Opioids. These are always very effective, particularly slow release morphine. Medications like Tramadol are better avoided because of the report of REM behavior disorder with it.

Short acting **benzodiazepine**. Medications like Temazepam 10mg or Rivotril™ 0.25-0.5mg can also be used.

In other cases, particularly if associated with neuropathy Gabapentin has also been shown to be effective.

Iron replacement. Oral iron appears to be effective both in people with iron deficiency and from late reports even in people without iron deficiency. There is also evidence that intravenous iron in the form of sodium ferric gluconate complex or iron sucrose is effective in reducing restless leg in more resistant cases.

Table 4—*Pharmacologic Treatment Options for RLS*

Agent	Initial Dose, mg	Recommended Daily Maximum Dose, mg
Dopaminergic		
Levadopa/carbidopa	50	200, at bedtime
Ropinirole	0.25	3.0, in two or three divided doses
Pramipexole	0.125	1.5, in two or three divided doses
Pergolide	0.025	0.5, in two or three divided doses
Opiates		
Methadone	2.5	20, in two divided doses
Oxycodone	5	20–30, in two or three divided doses
Propoxyphene	100–200	600, in two or three divided doses
Hydrocodone	5	20–30, in two or three divided doses
Codeine	30	180, in two or three divided doses
Tramadol	50	300, in two or three divided doses
Antiepileptic		
Gabapentin	300	3,600, in three divided doses; or 1,500, qd
Lamotrigine	25	200, qd
BRAs		
Clonazepam	0.25	2, at bedtime
Oxazepam	10	40, at bedtime
Zaleplon	5	20, at bedtime
Zolpidem	5	20, at bedtime
Traizolam	0.125	0.5, at bedtime