Restless legs syndrome (RLS) [1]

Dear Alice,

Have you ever heard of restless legs syndrome? Can you tell me more about it?

Thanks.

Answer

Dear Reader,

Restless legs syndrome (RLS and also known as Willis-Ekbom disease) is a disorder that's characterized by annoying and sometimes painful sensations in the legs that are brought about by sitting or lying down. These sensations can include creeping, tingling, burning, tugging, or aching in the calves, thighs, or feet. Getting up and moving around is usually the only way to find some relief. Also, because the symptoms typically occur at night, the disorder can interfere with falling and staying asleep, leading to exhaustion and daytime drowsiness.

Some researchers estimate that as many as ten percent of American adults have RLS; others say these numbers are low because RLS is often unrecognized or misdiagnosed. Those who are middle-aged or older are most likely to experience symptoms, although they can appear at any age, including during childhood. The cause of RLS is not completely understood. However, in the past several decades, researchers have linked low iron stores in the body, dopamine (a neurotransmitter) concentrations in the brain, and genetics to this condition (about 40 to 60 percent of those diagnosed have a family history). For those concerned that they might have RLS, it might be a good idea to ask family members if they experience similar symptoms. RLS has also been linked with conditions such as iron deficiency, anemia, diabetes, kidney failure, multiple sclerosis, Parkinson disease, periodic limb movement disorder, and neural damage. Some pregnant women experience RLS, but the symptoms tend to fade within a month of giving birth.

Researchers have found that caffeine, alcohol, and tobacco may aggravate RLS symptoms in people who are predisposed to have the disorder. Certain medications (e.g., some anti-nausea medications, antidepressants, antipsychotics, and some antihistamine medications) may also make symptoms worse. It’s always a good idea to let your health care provider know what
medications you’re taking when you’re being seen for a particular health issue. If what you’re taking for one condition may be exacerbating another, your provider can counsel you on potential alternative medications or treatments.

Diagnosis of RLS may include a full physical and neurological exam, including blood tests to rule out certain conditions such as iron deficiency. A referral to a sleep specialist may also be in order, though it’s noted that a sleep study (where medical professionals are able to get information about how you sleep to inform a diagnosis, sometimes in a clinical setting) is not typically necessary for an RLS diagnosis. There is no cure for RLS, but many of its symptoms can be lessened or relieved with proper treatments. If there’s an underlying cause or condition contributing to the symptoms, treating it may bring some relief, as is the case with iron supplementation for a deficiency. For those who don’t have an underlying condition, treatment can also involve lifestyle behavior strategies, such as taking baths, applying heat or cool packs to the affected limbs, yoga, meditation, being regularly physically active, practicing healthy sleep hygiene, and cutting back on caffeine. If those strategies don’t alleviate symptoms, other medications may be prescribed, such as opioids, muscle relaxants, or dopamine-increasing medications. The Willis-Ekbom Disease Foundation (formally known as the RLS Foundation) website provides more information and a list of health care providers who have knowledge in the treatment of RLS.

Restless legs syndrome (RLS) has stirred up all kinds of health and sleep-related questions, but fortunately, that has led to the advancement of research on RLS and available treatments. Here’s hoping this information put some of your curiosity to rest.

Alice!

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