

# Types of Restless Legs Syndrome and Symptoms among Patients Suffering with RLS

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## DESCRIPTION

Restless Legs Syndrome (RLS), a neurosensory motor disorder common in Western countries, is receiving increasing attention in Asian countries. The prevalence of RLS is higher in the elderly and women. RLS is most commonly associated with iron deficiency, pregnancy, and uremia. RLS symptoms show a significant association between circadian rhythm and Periodic Limb Movement (PLM) in clinical observations, while the pathophysiological pathways are still unknown. Dysfunction of the dopaminergic (DA) system in the A11 cell population was recognized long ago by clinical treatment and autopsy. Today, iron dysfunction can affect the DA system in several ways, and opioids are thought to be effective in protecting the DA system. First line treatment for RLS includes DA drugs and  $\alpha 2\delta$  agonists. Augmentation is very common in the long-term management of RLS, and prevention and management of augmentation is very important for RLS patients. Combinations of different types of medicines are effective in preventing and treating augmentation.

There are two types of restless legs syndrome. Primary restless legs syndrome and secondary restless legs syndrome:

### Primary restless legs syndrome

The following features are not found in all patients with RLS and are not required for diagnosis, but may be useful in diagnosing complex or uncertain symptoms.

**Family history:** Over 50% of patients with primary RLS report a positive family history of RLS, often presenting symptoms at an earlier age. Patients with a family history of RLS tend to develop the disease slowly.

**Positive reaction to dopamine agonists:** Dopamine agonists have been shown to improve the sensory and motor symptoms of RLS. Drugs that block dopamine receptors exacerbate RLS symptoms. Meta-analysis found strong evidence that drugs such as escitalopram, fluoxetine, carbidopa, levothyroxine,

mirtazapine, olanzapine, metoclopramide, and tramadol can exacerbate RLS. Keep a thorough dosing history for these treatments.

**Periodic Limb Movement during Sleep (PLMS):** At least 80% of RLS patients suffer from PLMS, repetitive involuntary limb movement, which also occurs in patients with sleep disorders such as narcolepsy and sleep apnea.

### Secondary restless legs syndrome

This form of RLS is often associated with iron deficiency, pregnancy, or end stage renal disease. Secondary RLS during pregnancy often resolves after childbirth. Drugs that can cause or exacerbate RLS include antiemetics and exercises that block dopamine, antidepressants such as mirtazapine, tricyclic antidepressants, and serotonergic reuptake inhibitors.

## CONCLUSION

5% to 15% of the population may have restless legs syndrome. Familial restless legs syndrome tends to develop before the age of 45. Ages vary from infancy to over 90 years. Women are affected more often than men. African Americans are less likely to be affected than whites. 11-29 percent of pregnant women are affected. Pregnant women are three times more common than non-pregnant women and have a higher prevalence in late pregnancy. Twenty-five percent to fifty percent of patients with end-stage renal disease suffer from restless legs syndrome with symptoms, especially during hemodialysis. Symptoms usually worsen towards the end of the day and are maximal at night when they occur within 15-30 minutes of lying in bed. In severe cases, symptoms that interfere with attending meetings, watching movies, and similar activities may appear earlier in the day while the patient is sitting. In mild cases, the patient is fidgety, moving around in bed, kicking and massaging his feet to relieve him. Occasionally, the arm can also be affected. Patients with more severe symptoms feel forced to get out of bed and adjust their pace to relieve their symptoms.

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**Received:** 29-Aug-2022, Manuscript No. JSJT-22-17196; **Editor assigned:** 31-Aug-2022, PreQC No. JSJT-22-17196 (PQ); **Reviewed:** 14-Sep-2022, QC No. JSJT-22-17196; **Revised:** 21-Aug-2022, Manuscript No. JSJT-22-17196(R); **Published:** 28-Aug-2022, DOI: 10.35248/2167-0277.22.11.076

**Citation:** Poli C (2022) Types of Restless Legs Syndrome and Symptoms among patients suffering with RLS. J Sleep Disord Ther. 11:376

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