



Health Home > Health

- Focus
- Health
- Living
- Arts & Fashion
- Bookshelf
- Food
- Parenting
- Travel & Adventure
- Mind Our English

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# My feet can't stop moving

Restless Leg Syndrome is the most common disorder you've never heard of.

BY Dr LEE MOON KEEN

MADAM Lim was previously a sprightly grandmother in her 80s. She was referred by her orthopaedic specialist for the problem of difficulty with walking and painful leg cramps.

The pain in the legs was described as "gnawing", and had persisted for some 10 years. When the spasms struck, mostly in the evening and at night, she was not even able to move her legs. She had been sleeping poorly for the past 15 years and in addition, the legs would jerk during sleep. A number of conditions were suspected, including Parkinson's disease and nerve disease.

There was worsening over the previous six months, with the appearance of an unpleasant feeling of swelling in the calves and feet, down to the toes.

At its worst point, Madam L suffered from acute pain and spasms in the legs every night. For some alleviation, she had to be walked around the room repeatedly, supported by her carers, until the wee hours of the morning.

In despair, she took a large amount of painkillers and sleeping pills, and sank into depression.

Madam L eventually found relief after treatment for Restless Legs Syndrome. The nocturnal jerks were due to an associated condition, Periodic Leg Movements of Sleep.

### What is Restless Legs Syndrome?

Restless legs syndrome (RLS) is a condition that causes unpleasant sensations below the knees, together with an irresistible urge to move the legs. It is the "most common disorder that you've never heard of". RLS is a frequent, but often unrecognised, cause of sleep disturbance.

### How common is Restless Legs Syndrome?

Studies in Western countries estimate that RLS affects about 10% of the population. Figures vary quite widely, from 5 to 15%, depending on the methodology and place of study.

The prevalence is lower in Asians, being reported to be 1% in Japan and 0.6% in Singapore. However, even the lowest estimates would bring the total number of sufferers in Malaysia to 160,000. Where are these cases of RLS? Why have you not heard of them?

RLS is often missed, and patients can undergo intense suffering for years before it is diagnosed. Although first described by the English physician Thomas Willis as long ago as 1672, it was not until 1945 that it was mentioned again by the Swedish neurologist Dr Karl Ekbom, who actually coined the term "restless legs".

RLS is not prominently featured in medical training, partly because it had been poorly understood for a long time, and it certainly does not endanger life. Nonetheless, the distress caused by RLS can be disabling and lead

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to poor quality of life. This is particularly troublesome for the elderly who are most often affected, as they often have to cope with other ageing-related illnesses.

With more people living to a healthy old age, as well as advances in the field of Sleep Medicine, there has been greater awareness of RLS. In 1995, a formal set of diagnostic criteria was formulated by the International Restless Legs Syndrome Study Group (IRLSSG). This allowed better definition of cases for research and evaluation of treatment.

#### **What are the features of Restless Legs Syndrome?**

RLS is characterised by an urge to move the legs, usually when resting. The upper limbs are much less likely to be affected. The feeling of intense discomfort is relieved by movement.

Some people need to get up repeatedly to walk around the room. Symptoms are typically worst in the evening and at night. Sleep is difficult to come by, hence insomnia is a common problem.

The incidence of RLS increases with age. However, the symptoms can start at any age, and some people with RLS recall being labelled as suffering from "growing pains" when they were children.

RLS is often associated with another disorder known as Periodic Limb Movements of sleep (PLM) which causes involuntary contractions of the legs during sleep. These people are observed to move their lower limbs countless times during sleep and may therefore be unable to remain asleep, resulting in the problem of fatigue the next day.

Not surprisingly, RLS patients are prone to depression.

#### **What causes Restless Legs Syndrome?**

As much as half of the cases of RLS have affected relatives. Genetic studies suggest a disturbance in the dopamine nerve system of the brain. Other esoteric causes are lack of iron, pregnancy (perhaps related to anaemia), kidney failure, neuropathy, and certain types of arthritis.

Lifestyle factors, namely heavy smoking and lack of exercise, are also thought to play a role.

As mentioned, RLS appears to be less common in Asians. This difference in prevalence across different countries is not yet fully unexplained.

#### **How is RLS treated?**

RLS can range in severity from merely annoying to distressing. The good news is that we now have medications for treating RLS. In addition, the underlying cause should be treated where possible.

Treatment is based on the severity of RLS. Three grades are recognised: intermittent, daily and refractory.

For intermittent RLS, non-medicinal approaches are preferable. These include:

1. Activities such as games and hobbies to maintain alertness and keep boredom at bay.
2. Abstaining from caffeine, nicotine and alcohol;
3. Avoiding substances or medications that may aggravate RLS – check with your doctor.

Limited use of medication may be advised by your doctor.

The more severe forms – daily and refractory RLS – are a challenge to treat, and may require referral to a specialist. A number of medications which act on the nervous system can be effective.

However, it should be cautioned that some of these are associated with a disturbing phenomenon of augmentation, in which there is worsening of symptoms: earlier appearance (including during day time), increased intensity, or spread to affect the arms. Another complication is rebound,

which causes the symptoms to recur in the early morning, after a dose of medication has been taken the previous night.

It is important for treatment to be tailored to the individual patient's needs. Your doctor may consider one or more agents from the following medication groups:

1. Levodopa-containing medications
2. Dopamine agonists
3. Low-potency opioids, or opioid agonists
4. Benzodiazepines or benzodiazepine agonists.
5. Anticonvulsants.

More awareness of this common condition among the public and primary care doctors will lead to relief for the many sufferers of RLS.

*n This article is contributed by The Star Health & Ageing Panel, which comprises a group of panellists who are not just opinion leaders in their respective fields of medical expertise, but have wide experience in medical health education for the public.*

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