

# Restless Legs Syndrome

## » A Guide to Your Symptoms

If you're sitting or lying down, but your legs just want to keep moving, you could have restless legs syndrome (RLS). RLS is a disruptive neurologic disorder that affects up to 10% of the population. Although it's often diagnosed in middle-aged people, the disorder can affect people of all ages. This handout will help you to understand what RLS is, whether you have it and what you can do to make yourself feel better.

### First, Ask Yourself These Questions

The Restless Legs Syndrome Foundation provides the list of questions below. If you answer "yes" to a majority of these questions, you could have RLS.

- When you sit or lie down, do you have a strong desire to move your legs?
- Does your desire to move your legs feel impossible to resist?
- Have you ever used the words "unpleasant," "creepy-crawly," "creeping," "itching," "pulling" or "tugging" to describe your leg symptoms?
- Does your desire to move often occur when resting or sitting still?
- Does moving your legs make you feel better?
- Do you experience these symptoms more often at night?
- Do the jerking movements of your legs keep your bed partner awake?
- Do your legs ever move involuntarily while you are awake?
- Are you tired or unable to concentrate during the day?
- Do any of your family members have similar complaints?

### No Single Cause

Although there is a lot of ongoing research about RLS, no single cause of the disorder has been identified. Researchers now believe that there are several overlapping causes of RLS. For example, the disorder has the following characteristics:

- It often runs in families, when it is called primary or familial RLS.
- It can appear as the result of an underlying disease, when it is called secondary RLS.
- It develops in up to 25% of women during pregnancy but often goes away after they give birth.
- It is associated with anemia, low iron levels, end-stage renal disease with dialysis and peripheral neuropathy.
- It may also be associated with attention deficit disorder.

### Diagnosis

There are no laboratory tests to confirm or deny the presence of RLS. If you think you might have RLS, visit your nurse practitioner.

To be diagnosed with RLS, you must meet the following four criteria:

- have such a strong urge to move your legs that you might not be able to resist, often accompanied by uncomfortable sensations
- have symptoms that start or become worse when you are resting
- have symptoms that improve when you move your legs
- have symptoms that are worse in the evening, especially when you are lying down.

People with RLS may also experience sleep problems. A common complaint associated with the disorder is difficulty falling or staying asleep. In fact, a considerable number of people who have RLS also have periodic limb movements of sleep (PLMS), which are jerky movements that occur periodically every 20 to 30 seconds throughout the night. PLMS can disrupt sleep by causing you to partially wake up throughout the night when the movement occurs.

### Treatment Options

There is no cure for RLS, but there are some options to treat symptoms. Two prescription medications are available. In addition, four other classes of drugs may help with symptoms: dopaminergic agents, sedatives, anti-convulsants and pain relievers. Talk to your NP to find out whether any of these drugs may be right for you.

Besides taking medication, other options may help you feel better, including the following:

- checking to see if you have an iron or vitamin deficiency and using supplements as necessary
- making sure you don't take medications or herbal remedies that could make RLS worse
- analyzing your diet to make sure it is balanced and healthy
- eliminating alcohol
- implementing good sleep habits, including possibly eliminating caffeine from your diet
- trying activities such as walking, stretching, taking a hot or cold bath, or getting massage or acupuncture. NP

*Information is from the Restless Legs Syndrome Foundation, available at [www.rls.org](http://www.rls.org).*

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### Additional Notes:

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