KISS: Restless Legs Syndrome, Willis-Ekbom Disease

Based on Cochrane 2019 & BMJ 2017;356:j104

1 Make the diagnosis
   - The 5 essential diagnostic criteria (patients must have all 5) are:
     - An urge to move the legs usually accompanied by unpleasant sensations in the legs
     - This usually occurs during periods of rest or inactivity
     - The urge to move and accompanying sensations are eased by movement
     - Symptoms are worse in the evening and night than during the day
     - The features are not explained by another condition e.g. leg oedema, arthritis etc
   - Assess severity with RLS international rating scale

2 Is it primary or secondary (associated conditions or drugs)?
   - In most it is idiopathic, 50% have a positive family history
   - The most common secondary causes are iron deficiency, renal disease and peripheral neuropathy
   - Commonly prescribed drugs can exacerbate it: antihistamines, anti-nausea drugs, dopamine antagonists, antidepressants including SSRIs, beta-blockers, some antiepileptics and lithium

3 Investigations: Check iron studies, especially ferritin, in all. Consider FBC, U&E, LFT, TSH, glucose, B12, calcium studies, inflammatory markers.

4 Management
   - Review medication and stop/change exacerbating drugs
     - Treat with iron if ferritin <50mcg/ml and aim to keep ferritin > 50-75 long-term
       - new evidence suggests that iron may be beneficial even in patients with normal ferritin levels
     - MILD RLS: advice and reassurance are generally sufficient
       - Good sleep hygiene, reduce caffeine and alcohol, stop smoking
       - Increase daytime exercise. Walking, stretching, relaxation exercises
     - MODERATE TO SEVERE RLS, consider drug treatment if significant impact on the quality of life
       - Dopamine agonists and gabapentinoids are both effective at helping the sensory symptoms
       - Start with gabapentin (600 to 1200mg daily) or pregabalin (150mg to 450mg daily)
       - Dopamine agonists are highly effective but long-term have a diminishing response and can cause augmentation of symptoms. Avoid unless absolutely necessary, and then use the lowest effective dose for the shortest possible time e.g. pramipexole or ropinirole
     - Referral to a neurologist?
       - Refer if doubt about the diagnosis, or symptoms refractory to treatment or if augmentation occurs with a dopamine agonist

NHS Patient information

Restless Legs Syndrome, UK support & information charity

www.nbmedical.com