

# 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](#)