



Restless Legs Syndrome: AKA The Night Walkers *By Darry Johnson, MD*

Restless legs syndrome (RLS), also known as Willis-Ekbom Disease, affects over 30 million Americans. It is a real (not imagined) neurologic disorder that manifests itself by an overwhelming need to move the legs at rest, typically toward the end of the day or when trying to go to sleep at night. With time, the symptoms can start earlier and earlier in the day, and in severe cases affect the arms such that a person is challenged even to sit still while riding in a car or sitting on an airplane. While pain can occur with this malady, it is more like a “creepy crawlly” sensation that is relieved by walking and worsened by attempts to rest or lay still. Walking at night is a common symptom in patients not adequately treated.

There is a strong genetic correlation as over half of patients have a family history of a similar disorder. Primary RLS is the most common form, in that it is not caused by another medical condition. Secondary RLS is caused by another medical condition, so treatment is focused on addressing the cause.

Recently, the cause of primary RLS is believed to have been discovered, which is strongly suggestive that brain iron deficiency is the culprit. This is good news, as new models to treat RLS effectively can be made.

One of the conditions linked closely with RLS is PLMS, or periodic limb movement disorder. Over 80% of RLS patients also suffer from this condition. In PLMS, the patient is asleep, and it is the bed partner that often suffers, as the patient has repeated leg twitching or kicking or jerking repeatedly through the night, often leading to separate sleeping quarters to avoid bruised arms and legs.

What is now considered the mainstay of treatment is a group of drugs known as the dopamine agonists, which are believed to act in the part of the brain responsible for the iron dysregulation. Drugs such as Mirapex (pramipexole) or Requip (ropinirole) or the Neupro patch (rotigotine) are often all that are needed to alleviate symptoms. There is one word of caution here: the gold

standard for treating Parkinson’s disease, Sinemet (carbidopa/levodopa) should be avoided as patients often find that more and more of the drug is needed as time goes by. Side effects of the dopamine agonists should be carefully monitored. Other treatment options include gabapentin or gradual release gabapentin (Gralise) or pregabalin (Lyrica). These are calcium channel blockers that give symptom relief in a separate manner from dopamine and can be given in conjunction with a dopamine agonist in severe cases.

As a final word, there is HOPE! A patient with RLS is not destined to have to walk the house or the streets at 3am and end up sleeping somewhere in the house, like on the dining room table or in the bathtub (true story of one of my patients). With a proper diagnosis and medication selection, RLS is usually treatable and a patient can be afforded a restful (not restless) night’s sleep. Come see us in the neurology department at TIM if you or a loved one need help for their RLS!

Best Wishes to the Retiring Dr. Shreves!

After 23 years at Thunderbird Internal Medicine and a lifetime of patient care, Angela Shreves, MD retired last month. In retirement, she will be sharing her skills at Circle the City, a non-profit community health organization dedicated to providing healthcare to people experiencing homelessness. Dr. Shreves will be missed by all!

LOCATIONS

Thunderbird Internal Medicine – Glendale
5620 W. Thunderbird Rd #C-1, #F-1 & #G-2
Glendale, Arizona 85306

Thunderbird Internal Medicine - Phoenix
9150 W. Indian School Rd #118
Phoenix, Arizona 85037