

Restless legs

It isn't the travel bug but an uncontrollable urge to move your legs that can frustrate sleep and may be linked with diabetes. **Jayne Lehmann** explains.

Restless Legs Syndrome (RLS) causes an overwhelming desire to move the legs when sitting or lying down and affects young and old, with half of cases also affected in their arm(s). This common movement and sleep disorder affects women twice as much as it does men and is more common in people with diabetes.

Mild RLS is found in about 10% of Australians, with another 3% experiencing more severe symptoms more than twice a week that often start earlier in the day. Many people with the milder form go undiagnosed and may experience symptoms only overnight.

Could you have it?

Diagnosis of RLS relies on identifying the following symptoms that run the gamut from being mild to very debilitating to quality of life:

- **An unpleasant feeling deep in the muscle or bones of the legs at rest that may be described as a 'creeping crawling' sensation, cramps, itching, burning, searing or tugging**
- **An overwhelming desire to move the legs when sitting or lying down**
- **Difficulty falling asleep due to the desire to move**
- **Symptoms worsen and may only be experienced overnight in the milder form – often between midnight and 2am**
- **Feeling tired during the day due to disturbed sleep patterns**

• **80% of cases have involuntary jerking or twitching of limbs usually more than five times overnight.**

RLS often runs in families — about 40% of people with RLS have family members with the condition — and symptoms usually progress slowly, appearing more frequently with age.

What causes RLS?

You can't test for RLS. It is diagnosed by the doctor based on a person's symptoms and medical history and is either diagnosed on its own (primary) or due to another condition (secondary). If a primary diagnosis, the cause is generally unknown but may be due to low levels of certain neurochemicals, especially dopamine, which helps regulate movement. Symptoms usually begin before age 45 and progress slowly.

Secondary causes include:

- low iron levels e.g. iron deficiency anaemia
- diabetes
- renal failure
- poly-neuropathies e.g. peripheral neuropathy [see page 61]
- coeliac disease
- pregnancy (about one in five experience RLS)
- Parkinson's disease

- underactive thyroid
- multiple sclerosis
- some medications for depression, psychiatric disorders, nausea, blood pressure, epilepsy
- inflammation.

Rest for the restless

It is important for RLS to be diagnosed and treated early to limit its impact on health. Currently there is no cure and treatment initially focuses on the relief of symptoms and maintaining general health. This is especially so in people with diabetes.

Mild RLS symptoms improve in the short term when the affected limb is moved or stretched. Walking in the afternoon can also help, as can magnesium and iron (if less than 50 mcg/L) supplementation. Stopping smoking and limiting alcohol and caffeine intake will prevent overstimulation of the nervous system, which can worsen symptoms.

Poor sleep has a negative impact on diabetes and CVD risk factors, so a sleep study can determine whether RLS is causing it. If symptoms are experienced overnight three times or more a week, medication that corrects low dopamine is usually recommended. Sedatives can improve sleep, while seizure or pain medication can address symptoms. ♥



JAYNE LEHMANN, BN(Ed), DipAppSc(Nsg), FRCNA, RN, CDE, is a Credentialed Diabetes Educator with EdHealth Australia: www.edhealthaustralia.com