

# Primary Care Advice and Guidance

## Restless Legs Syndrome (RLS)

RLS is a common condition and a cause of insomnia and daytime sleepiness. There is a significant crossover with periodic limb movements of sleep (PLMS) and a family history is found in around 50% of patients.

The diagnosis is clinical and based on the following pattern of symptoms:

- An irresistible urge to move the legs, accompanied by unpleasant sensations such as tingling, crawling or heat
- Worse during rest or inactivity
- Symptoms relieved by movement and/or cold surfaces/cold water
- Worse in the evening or at night, especially with no objective sensory loss

### **Initial Primary Care Assessment**

Neurological examination is usually normal.

➔ Patients with suspected RLS should have a basic blood screen: FBC/U+E/LFT/TFT/B12/folate/glucose/HbA1c and importantly serum ferritin.

### **Initial Management**

Most people with RLS can be managed without medication. General lifestyle advice includes reduction in caffeine and alcohol, smoking cessation, regular physical activity and good sleep hygiene. Relaxation therapy, distraction activities (e.g. reading), walking or stretching before bedtime and a warm evening bath may be helpful. Avoid drugs (especially SSRIs, SNRIs, TCAs) that may worsen symptoms.

#### **First line therapy**

Iron replacement therapy if serum ferritin is below 75 micrograms/L.

#### **Second line therapy**

Consider drug treatment for symptoms that are severe or distressing, or if impacting activities such as sleep, daily activities and mood.

1. First-line recommended drug options for people with frequent or daily symptoms are Gabapentin (starting dose 300mg nocte, range 300-1200mg) or Pregabalin (starting dose 50-75mg nocte, range up to 300mg).
2. A weak opioid such as codeine is an alternative, taken intermittently or regularly, particularly for people with painful symptoms.
3. Consider a short course of clonazepam for people with severe sleep disturbance.
4. Dopamine agonists were previously used as first-line treatment for RLS, but should now be used with caution and at these maximum doses (oral Ropinirole 2mg, Pramipexole 500mcg, Rotigotine patch 3mg) given the high incidence of augmentation (worsening of RLS accompanied by the need to increase the dose of dopamine agonist) and risk of impulse control disorders (e.g. excessive gambling, shopping, hypersexuality).

#### **Who to refer?**

Most patients do not need to see a neurologist. Consider referral if an underlying neurological condition, e.g. Parkinson's disease, is suspected, for co-existent REM sleep behaviour disorder, or for severe symptoms despite treatment.

For more information, see <https://cks.nice.org.uk/topics/restless-legs-syndrome/>