Restless Legs Syndrome in Children and Adults

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Abstract

it is a chronic neurological disorder getting sensational urge to move legs during sleep or when a person is at rest, it can manifest at any age but frequency increases when person get aged. Some time there may be painful sensation in legs with diurnal variations and resolve with, pathophysiology is not entirely known with genetic component with dopaminergic and brain iron deregulations play a major role. Treatment comprises non pharmacological i.e. life style changes and pharmacological roles like dopaminergic medications, opioids. Here providing clinical view about RLS with diagnostic criteria, diagnosis, treatment and their complications

Keyword:
Sleep, Neuropathy, Day Sleeping, Leg Cramps, Anxiety

Introduction

restless legs syndrome (RLS) syndrome is also known to be genetically transferred and it is also known as Willis-Ekbom disease , motor restlessness – urge to move , which can occur in both children, adults and in old people majorly. Diagnosis are primarily based upon patients' history , the urges of movement is accompanied by intense sensation , they get relieved through movement but once the activity stop the symptoms and urge may return. The patient may be to get other conditions like neuropathy, leg cramps, anxiety, sensation of whole lower limb and upper limbs.

Symptoms

- Legs and arm discomfort.
- Sensational urging of moving of legs and arms.
- Problematic sleeping discomfort.
- No enough sleep.
- Day sleeping.
- Mental discomfort.
- Iron deficiency Uremia.
- Hyperthyroidism.
- Diabetes

Treatment

Intermittent Therapy– These symptoms occurs less than twice in week, typical medications used carbidopa, levodopa, opioids like codeine, tramadol

- Chronic Therapy – Symptoms are moderate to severe, usually twice a week, medications used in this therapy are dependent on patients conditions mainly dopamnergic agonists and calcium channel ligands drugs like gabapentin and pregabalin

- Refractory Therapy- These are mono therapy used by physicians considering factors of drug usage and effects on patient usually primary therapy is combined with different class of drugs ( like calcium channel ligand treated with dopamine agonists and vice versa) since both drugs provide effective benefits gives superior symptom control, and if patient is iron deficient then iron therapy is given

- Long Term Therapy- As this sleep disease long lasting disease some drugs are introduced to get maximum effects for extended period of time, levodopa drug effect can lasts up to two years for majority of patients whereas dopamine agonists like rotigotine lasts up to five years, and other drugs gabapentin, encarbil up to one year effect, these therapy lacks efficient reports and evidence so kept aside for use

Conclusion

There’s been lot of growth in treatment of RLS disorder, through medication or through non physiological process. Prevention and management of disease have been evolved over time by professional physician and health care system.

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