



Restless Legs Syndrome in Children and Adults

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Abstract

It is a chronic neurological disorder getting a sensation of urge to move legs during sleep or when a person is at rest, it can manifest at any age but frequency increases when a person gets aged. Some time there may be a painful sensation in legs with diurnal variations and resolves with rest, pathophysiology is not entirely known with a 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 a 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 is primarily based upon patient history, the urges of movement is accompanied by intense sensation, they get relieved through movement but once the activity stops the symptoms and urge may return. The patient may be getting 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 occur less than twice in a 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 patient conditions mainly dopaminergic agonists and calcium channel ligands drugs like gabapentin and pregabalin
- **Refractory Therapy**- These are monotherapy 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 last up to two years for majority of patients whereas dopamine agonists like rotigotine last up to five years, and other drugs gabapentin, encarbil up to one year effect, these therapies lack efficient reports and evidence so kept aside for use

Conclusion

There's been a lot of growth in treatment of RLS disorder, through medication or by 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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