What can you tell me about restless legs syndrome?

When I (ARH) saw this question, I thought, Who would be interested in this? I was ready to push the question to the back of the list. Yet I also didn’t know much about the syndrome, so I figured it was a rare disorder. My curiosity made me check it out further. When I read that 12 million people in the United States were troubled with it, I figured that about 4 percent of the population suffers with the problem. When my wife read the material I was collecting about it, she told me she is sure that’s what she has too. So what is this syndrome?

The National Institute of Neurological Disorders and Stroke has a good Web site from which I will quote quite a bit—they welcome the distribution of their information.

Persons suffering with restless legs syndrome (RLS) have unpleasant sensations in their legs. My wife says it feels like worms crawling in her knees, and relief comes by moving her legs (that’s a good excuse for kicking me in bed).

How unpleasant or intense these feelings are dictates how much movement the person will feel obliged to engage in. While the estimate is that 12 million people have this problem, others say milder forms affect a much larger number of people. Persons who have involuntary leg movements every minute or so in their sleep may have a common condition called periodic limb movement disorder (PLMD). These people may suffer from sleep disorders, as well as their spouse. (Ha! I wonder why?)

About 80 percent of the people suffering with RLS also have PLMD, and for both of these conditions the cause is not known.

The movement of legs helps relieve the discomfort of RLS.

The cause of RLS is not really known, though an association has been shown with some conditions that should be excluded. Chronic kidney or liver disease, diabetes, Parkinson’s disease, or peripheral neuropathy may also be associated with RLS.

Pregnant women may in their later weeks be troubled by RLS. These women are relatively fortunate in that most will see the symptoms disappear by the time the baby is four to six weeks old. Some medications—notably antinausea, antiseizure, and antipsychotic medicines—may worsen RLS.

Coffee, tea, or other caffeinated drinks may bring on or worsen RLS, as may alcohol and tobacco. Some studies show that elimination of these substances results in cessation of symptoms. Treatment of RLS is difficult. It is suggested that in addition to measures already mentioned, supplements of magnesium and folate may help. Another factor that has helped some is a regular sleep pattern of going to bed at the same time and avoidance of sleep interruption. A program of moderate regular exercise has proven helpful to many, but excessive training may make the situation worse. Once again, moderation even in things good for us is important. Of course, many physicians will try medication. Some of the anti-Parkinson’s medication has been shown to reduce both RLS and PLMD. Obviously, care is necessary in both prescribing and using...
medications in situations like this where cause is not clearly understood.

Research on this condition is being carried out, and those who would like to read more should go to the following Web site: www.ninds.nih.gov.

Once again, here is a disorder that responds as well as anything to a good diet, moderate exercise, regular rest, and the avoidance of tea, coffee, caffeinated drinks, alcohol, and tobacco. Doesn’t that make you feel good to be an Adventist?