

Restless Leg Syndrome

We've all been "over-tired". So shattered that you feel too uncomfortable to sleep, with often your legs feeling achey and "nervy"...the "fizzy fidgets" as I have heard it aptly described. This is totally normal, it is probably exactly what Restless Leg Syndrome (RLS) can feel like, but I assure you it is a normal physical reaction to fatigue and sleep deprivation. But what if this happened every night, and sometimes whilst sitting at rest, or in the theatre, or may be on a long journey. A true RLS sufferer will describe that most times that their legs are truly "at rest" they are aware of an unpleasant and annoying sensation within them, and an uncontrollable urge to move them in an attempt to gain relief. This is at its peak usually within the first hour of going to bed, but can persist into the early hours and constantly disturb a sufferers sleeping pattern. Naturally the condition will then come hand-in-hand with the health and social implications of persistent fatigue.

RLS is common, with researchers suggesting that it could affect 1 in 25 adults, and is slightly more commonly seen in women. Most patients who are severely affected are middle-aged or older. The signs and symptoms are recognisable, however it is easy to see why some physicians wrongly attribute them to nervousness, insomnia, stress, arthritis, muscle cramps or ageing. It is generally accepted as being an "idiopathic neurological disorder", which basically means the cause is unknown. However in a few cases the condition does seem to be related to, if not caused by, the following factors:-

- Younger sufferers tend to have a family history of the condition.
- Low iron levels or anaemia.
- The last trimester of pregnancy (symptoms usually resolve within 2 months after delivery)
- Reactions to certain medications.
- Caffeine, alcohol and nicotine may aggravate or trigger symptoms in people who are pre-disposed to develop RLS.
- Chronic diseases such as kidney failure, diabetes, Parkinson's disease and peripheral neuropathy can produce RLS type sensations, and are a good reason to make your G.P. aware of them, although it must be stressed that these are rare cases.

In the majority the actual cause will remain unknown, but it appears that the body mechanics of RLS is an over-excitation of the nerves to the major muscle groups of the legs and buttocks. This causes a low-level increase in tone within a muscle that appears "switched on" for action rather than "turned off" for relaxation, ideal if you are about to sprint, unpleasant if you want to sleep.

To be honest, most sufferers are not overly bothered about the elusive cause of RLS, they just want rid of it and a good nights sleep. They want to look forward to going to bed, after all everyone has a right to sleep. Unfortunately, at present, there is no overall cure for RLS as a condition, but I believe there are things that can be done to help a sufferer gain control over, and minimise, the symptoms that it produces. With this in mind, this is my plan of action for anyone with a history of, or who thinks they may have, RLS.

- Firstly it may help to simply realise that your somewhat odd affliction is not all in your mind. It is not your fault. You are suffering from a recognised, if commonly misunderstood, medical condition.
- Consult your G.P., just to rule out any underlying medical contributing cause. Routine blood tests are the usual approach.
- Eliminate your intake of caffeine, or at least eliminate it after 5.00pm. Particularly avoid chocolate and soft drinks, which can be a surprisingly potent source of caffeine. You also have a good excuse to give up smoking and reduce your alcohol intake.
- Nutritional supplements may help. Ask a pharmacist/health shop assistant to recommend one that is high in iron, folate and magnesium. Take this for at least 3 months; they usually take some time to be effective.
- Strictly avoid heavy repetitive physical exertion for 3 hours before your bedtime. If you are a gym person, do not do late night sessions. No late evening runs, no gardening till late. You need a “cushion” of time for your major muscle groups to “damp down”. With this in mind, you may need to alter your sleep pattern if possible so that you go to bed late and rise later...even a ¾ hr shift in your usual pattern can have a significant impact on “tricking” your neural system into a better balance.
- I have devised a simple little system of chair exercises designed to fatigue and inhibit the over-excitabile muscle groups. About 30 minutes before bedtime sit at the front of a chair and do 15 very, very slow and controlled sit to stands and back to sit again, keeping your heels down on the floor. Then sit back in the chair, put your heels against the chair legs and firmly pull them into the chair, contracting your posterior thigh muscles for 5 long slow holds of around 20 seconds. Now stay in the chair but face a wall, straighten your knees and put your feet up against the wall, heels flat. Slowly point your toes, push against the wall with your calf muscles, and allow your chair to tilt back (it won't topple with just a calf contraction!)...hold this for 15 seconds and repeat 10 times nice and slowly. Then simply go and have a hot bath before retiring to bed. The action of the slow sustained muscle contractions, followed by the “flushing” action of heat, seems to “damp down” the over-active, twitchy muscles, and can be very effective in reducing the RLS sensations.

Restless Leg Syndrome is not a problem that will go away easily, and it is not a problem that is easily discussed with other people. For a non-sufferer it can appear trivial, for the sufferer it will always be a miserable hindrance to everyday life. Do nothing about it, and I can guarantee it won't change, but follow these simple guidelines and you may be pleasantly surprised.

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