Limb movement disorders

Disclaimer:
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References:
1. cks.nice.org.uk
2. Dr Hugh Selsick, consultant psychiatrist, Apr 2015.

Restless leg syndrome (RLS)

Symptoms

- An urge to move the legs, usually accompanied by sensations of pain, tingling, burning, itching, throbbing, "creepy-crawly".
- Begin or worsen during periods of rest or inactivity such as lying down or sitting.
- Are partially or totally relieved by movement, such as walking or stretching.
- Worse in the evening or night than during the day.
- Symptoms not solely accounted for by myalgia, venous stasis, leg oedema, leg cramps, positional discomfort, habitual foot tapping.

- Sometimes arms also affected.

- When severe symptoms, this may not be noticiable.
- But should have been present earlier in the course of the disease.

Investigations

- FBC
- UEs
- HbA1c.
- Ferritin.
- B12.

- Iron deficiency anaemia can cause, or worsen restless leg syndrome.
- Anything < 50 needs iron supplements, even though lab has lower limit of normal.

Calculate 'RLS rating scale' to determine severity

Management

- CBT if insomnia.

Mild symptoms

Reassurance
&
Self help measures

Measures to prevent or reduce the severity of RLS:
- Good sleep hygiene.
- Reducing caffeine and alcohol.
- Stopping smoking.
- Moderate regular exercise.

Measures to relieve an episode of RLS:
- Walking and stretching the affected limbs.
- Heat pads or a hot bath.
- Relaxation exercises.
- Mental distraction (games, reading) when resting.
- Massaging affected limbs.

Codeine

- Taken intermittently or regularly (depending on symptoms), is an alternative.
- Especially if pain.

Z drug

- Short course if insomnia.

Moderate or severe symptoms

- Alpha-2-delta ligands:
- Pregabalin
- Gabapentin

- Little or no risk of augmentation.
- Better for 1o care to use.
- Also better for severe sleep disturbance (disproportionate to other RLS symptoms), comorbid insomnia or anxiety, RLS-related or comorbid pain, or a history of an impulse control disorder.

Loss of efficacy:
- Dose needs to be increased to maintain the original effect on symptoms.

Options:
1. Add non-ergot dopamine agonist.
2. Stop, and start non-ergot dopamine agonist.

- Refer to neurologist if any:
  Poor symptom control despite maximum tolerated dose.
- Significant s/e.
- Augmentation develops.

Non-ergot dopamine agonist:
- Pramiprexole
- Ropinorole
- Rotigotine

- Preferred if severe symptoms, obese, depression, falls, or cognitive impairment.
- Rotigotine transdermal patch if significant daytime symptoms as long duration of action.

- 7% risk per year.
- Develop worsening of symptoms months or years after starting treatment.

Suspect if:
- Maintained increase in symptom severity develops despite appropriate treatment.
- Maintained increase in symptom severity develops following a dose increase, particularly if a dose reduction leads to an improvement in symptoms.
- Earlier onset of symptoms that develop in the afternoon/evening.
- Spreading of symptoms to previously unaffected body parts.
- Shorter latency to symptom onset during the day when at rest.

Options:
1. Refer to neurologist.

- Augmentation.
- Impulse control disorders.
- Loss efficacy.

Develops in up to 17%
- Gambling.
- Binge eating.
- Compulsive shopping.
- Hypersexuality.

Options:
1. ↓ dose until impulse goes.
2. Stop, and start alpha 2 delta ligand.

- Refer to neurologist if any:
  Poor symptom control despite maximum tolerated dose.
- Significant s/e.
- Augmentation develops.

Periodic limb movements

Symptoms

- Unconscious leg movements while asleep.
- May disrupt sleep.

Investigations

- FBC
- UEs
- HbA1c.
- Ferritin.
- B12.

- Polysomnygram.

- Essential for diagnosis, as impossible to get clear history of symptoms.

Management

? Same as RLS.

Drug dosages should be kept to the minimum required to ease symptoms as the higher the dose, the greater the risk of augmentation

Pramiprexole
- Start dose 88mcg (base) 1-2 hr before bedtime, or expected onset of symptoms.
- Titrate up by 88mcg (base) every 4-7/7.
- Maximum 540mcg (base) daily.

S/E
- Sudden onset sleep.
- Mania.
- Hallucinations.

Ropinorole
- Start dose 250mcg 1-2 hr before bedtime, or expected onset of symptoms.
- Titrate up by 250mcg every 4-7/7.
- Maximum 4mg daily.

S/E
- Sudden onset sleep.
- Mania.
- Hallucinations.

Rotigotine
- Start dose 1mg/24hr.
- Titrate up by 1mg/24hr every 1/52.
- Maximum 3mg/24hr.

S/E
- Sudden onset sleep.
- Nausea.
- Headache.
- Skin reaction.
- Mania.
- Hallucinations.

Pregabalin
- Start dose 25mg 1-2 hr before bedtime, or expected onset of symptoms.
- Titrate up by 25mg every 3-7/7.
- Maximum 300mg daily.
- If wish to stop, withdraw over 1/52.

Gabapentin
- Start dose 300mg 1-2 hr before bedtime, or expected onset of symptoms.
- Titrate up by 300mg every 3-7/7.
- Doses above 1200 or 1500mg should be in divided doses.
- Maximum 2700mg daily, in divided doses e.g. 1200mg BD, or 900mg TDS.
- If wish to stop, withdraw over 1/52.

S/E
Dizziness and lethargy.