

Nonpharmacologic Management of Restless Legs Syndrome (Willis-Ekbom Disease): Myths or Science



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KEYWORDS

- Restless legs syndrome (RLS) • Periodic limb movements (PLMs)
- Periodic limb movements of sleep (PLMS) • Periodic limb movement disorder (PLMD)
- Nonpharmacologic management • Behavioral modifications • Supplements • Yoga

KEY POINTS

- Nonpharmacologic management of restless legs syndrome (RLS) is part of the overall treatment.
- There is limited peer-reviewed literature on nonpharmacologic options.
- Nonpharmacological treatment options for RLS include:
 - Behavioral modifications.
 - Lifestyle changes.
 - Substances, diets, and supplements.
 - Applications and procedures.
 - Cognitive behavioral treatment.

INTRODUCTION

Contrary to the (relative) bounty of randomized, double-blind, controlled studies of medications for restless legs syndrome (RLS) and evidence in favor of iron supplementation, there are very few studies on the nonpharmacologic management of this disease. Listening to patients' individual cures and old wives' tales, one can learn about the various ethnic and cultural practices. Limited scientific accounts left a void filled by superstitions, myths, and folk beliefs. Alas, it is the quest to verify and understand these phenomena that promotes science. When the world embraced the Internet, the field opened to many Web sites, blogs, and discussion boards giving an equal voice to everyone and promoting a plethora of

(treatment) options. These Web sites may seem authoritative based on journalistic prowess, by reporting study results, or by quoting doctors and professors. Some of these promoted therapies for RLS are innocuous, but some can have significant side effects or become outright dangerous over time. It is, therefore, important that the clinician be familiar with the options in order to recommend and guide patients toward the most effective, nondetrimental treatment selection.

This review lists the different nonpharmacologic options for RLS based on a search of peer-reviewed literature listed on databases, reference lists of retrieved articles, examination of patients' charts, and Internet-based information. The nonpharmacologic management of RLS is important as treatment in itself in cases when patients are

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not interested in medications, such as mild, intermittent cases; when medications are not indicated, such as in pregnancy; or as an adjuvant to pharmacologic treatment. It includes behavior modification and lifestyle changes, substances, diets and supplements, applications and procedures, as well as cognitive-behavioral treatment. Within each group, the supporting literature is presented as well as anecdotal evidence, patients' reports, and Web-based testimonials in the hope to prompt the reader to separate the myths from the facts and improve on the science.

As with the pharmacologic treatment of RLS, there are individual differences in the effectiveness of the different options. These differences underline the importance of tailoring a plan for the specific individual. More often than not, different options and combinations might be effective at different times during the course of the disease requiring the clinician to be tuned to status changes.

BEHAVIOR MODIFICATIONS AND LIFESTYLE CHANGES

Sleep Hygiene

The term *sleep hygiene* was first introduced by Nathaniel Kleitman and refers to healthy lifestyle practices that improve sleep. It evolved into many variations of sleep rules and was included as a sleep disorder in earlier classifications.¹ Almost every sleep center developed its own version of sleep hygiene tips given routinely to every patient with a sleep disorder. These tips usually include several recommendations regarding sleep schedule and sleep environment, light exposure, bedroom activities, substance use, and exercise (Box 1). Adherence to the rules of good sleep hygiene is part of the insomnia treatment, and many patients with RLS present with an insomnia complaint. Additional tips for patients with RLS are included in Box 2.² The effect of maintaining good sleep hygiene on RLS symptoms has yet to be established.

Physical Activity

Exercise is one of the practices addressed by sleep hygiene. Lack of exercise was associated with increased RLS prevalence,³ even though symptoms of RLS were more frequent with physical activity close to bedtime.⁴ Aerobic and lower-body resistance training performed 3 times per week improved RLS symptoms as measured by the International Restless Legs Scale (IRLS) in a randomized 12-week trial.⁵ The effect of exercise might be related to the increase in cardiac output (ie, blood flow).⁶ Reduced daytime intramuscular

Box 1
Sleep hygiene instructions

- 1. Maintain a regular sleep routine.
- 2. Allow enough hours for sleep during the main sleeping period.
- 3. A 10- to 20-minute power nap can be scheduled if needed.
- 4. Use the bed only for sleep and sex.
- 5. The bedroom should be conducive to sleep: cool, dark, and uncluttered.
- 6. Use a comfortable mattress and bedding.
- 7. Avoid heavy meals before sleep; a small snack is acceptable.
- 8. Avoid caffeine, alcohol, and nicotine close to sleep.
- 9. Avoid exercise or heavy physical activity close to sleep.
- 10. Avoid screen activity (TV, computer, handheld device, phone, and so forth) close to sleep.
- 11. Avoid work or mentation close to sleep: thinking, planning, and reminiscing.
- 12. Establish a bedtime routine: calming and relaxing.
- 13. Enjoy good daylight exposure in the morning.

blood flow was noted in 8 female patients with RLS using laser Doppler flowmetry.⁷ Peripheral hypoxia was associated with the appearance of RLS symptoms and showed a strong correlation

Box 2
Lifestyle tips to control RLS symptoms

No	Yes
Sleep deprivation	Consider delaying bedtime and wake time
Bed rest	Exercise moderately during the day, stretching in the evening
Relaxed sitting in the evening	Active relaxation: reading, card games, crossword puzzles, meaningful discussion, sexual activity
Extreme temperatures	Preferred ambient temperature
Tannins (coffee, tea, alcohol), sugars	Balanced diet
Frequent blood donation	Maintain adequate iron stores

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