Restless Legs

The prevalence of uremia associated restless leg syndrome is estimated to be between 20 –40% and it is unclear to what extent this condition is related to uremic neuropathy. Anemia, low serum ferritin levels, low serum levels of parathyroid hormone, and inadequate dialysis were associated with the presence of restless leg syndrome in dialysis patients.

TREATMENT PROTOCOL GUIDELINE

1. Treat anemia with erythropoetin
2. Maintain normal ferritin levels with iron replacement
3. Ensure adequate dialysis
4. Avoid medication that may aggravate the condition such as tricyclic antidepressants, lithium, neuroleptics and caffeine

4. Start with a trial of benzodiazepines for initial therapy:
   - Clonazepam 0.5-2.0 mg Hs prn.
   - Temazepam 7.5-3.0 mg Hs prn
   - Triazolam 0.125-0.5 mg Hs prn

5. If the benzodiazepines are ineffective try a dopaminergic agent
   - Carbidopa-Levodopa
     - Regular formulation 12.5/50 -75/300mg in divided doses at bedtime and through the night
     - Sustained release 25/100 to 100/400 mg in divided doses hs and through the night
   - Pergolide 0.10 to 1.00 mg hs
   - Bromocriptine 2.5 to 20.0 mg hs

6. Gabapentin  starting dose 100 mg qod - titrate to maximum 100-300 mg tid

7. Clonidine 0.1 to 1.0 mg qhs

8. Resistent and severe cases try an opioid:
   - Propoxyphene 130-520 mg in divided doses as needed
   - Codeine 15-120 mg in divided doses
   - Oxycodone 5-20 mg in divided doses
   - Methadone 5-30 mg in divided doses

References
4. Roger, SD, Harris, DCH, & Stewart, JH. Possible relation between restless legs and anaemia in renal dialysis patients. Lancet; 337: 1551.