A LINE ON LIFE

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The Night Walkers *

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No, the night walkers are not some leftover from Halloween. The term refers to the **Restless Leg Syndrome (RLS)**. This sleep disorder is just now gaining acceptance as a psychiatric disorder. Sufferers have pain or strange pulling or crawling sensations in their legs that interfere or prevent them from sleeping. Some of those with RLS also have involuntary leg movements, now labeled as **Periodic Limb Movement Disorder (PLMD)**. Whichever disorder they have, they usually find temporary relief from their discomfort by walking around at night. This behavior leads them to call themselves the "*Night Walkers*."

Estimates of those affected vary from 2-5% of the populations of the United States. This suggests that about 12 million men, women and children are affected by RLS. However, it is more frequently found in people over age 65. Even if suffering from only a mild case of RLS, these people get less sleep. When they do sleep, it is not as sound or beneficial.

About one-third of the time, RLS runs in families, which suggests a possible genetic influence. At this point, researchers think that RLS is related to some imbalance in **neurotransmitters** – the chemicals that transmit neural impulses from one neuron to another. Some researchers link RLS to **anemia** – a lack of oxygen-carrying red blood cells. RLS is also an unwanted side effect of some antidepressant drugs, like the tricyclics or Prozac.

Some new connections were revealed this spring and summer in several conventions of neurologists and sleep researchers. However, these were all reports of research in progress. Since they are done on relatively small groups, sometimes without the necessary controls, their results are still unsure.

One study reported a connection between RLS symptoms and **circadian rhythms**. (Circadian rhythms are body rhythms that repeat on about a daily basis.) RLS patients were asked to lie quietly in bed several times a day, and sleep studies were done at night. Sleep schedules were varied with different groups, and some patients were asked to stay up all night. Regardless of when the RLS patients slept, their leg discomfort and jerking peaked slightly after midnight. As the morning approached, both began to decline, and symptoms were least during the middle of the day. Thus it seems that our "*internal clock*" plays a role in RLS.

Another study reported the results of **PET (Positron Emission Tomography)** scans on the brain of RLS patients. These scans were essentially normal. This supports the understanding that – except for the RLS – these patients have normal brain functioning and no other neurological disorder.

A study was reported that explored **activities** that might effect the symptom levels of RLS. Patients were asked to lie down, sit, stand normally or stand on one leg. These positions were explored while RLS patients read quietly, read aloud or engaged in an emotional conversation. They found that the more muscular activity required and the more arousing the activity was – standing, especially on one leg, and especially with emotional conversation – the more RLS symptoms were reduced. Those activities that reduce activities and lead to sleep – lying down and reading quietly – were most likely to arouse RLS symptoms.

Other studies explored the relation of RLS to **ADHD (Attention Deficit Hyperactivity Disorder)** in small groups of children. Some of the children had symptoms of RLS or PLMD as well as ADHD. Some of their parents also had RLS. The children – and their parents – responded well to medications for RLS and PLMD. In fact, about 20% of one sample also found relief from their hyperactivity. Possibly RLS and ADHD both may have the same genetic basis and/or they may share a common underlying disorder.

Several types of medication may reduce symptoms of RLS. One class of drugs is **dopaminergic agents** – those that mimic the action of the neurotransmitter, dopamine. Some of these drugs are L-dopa/carbidopa (Sinemet), pergolide (Permax), and bromocriptine (Parlodel). Another group of drugs is the **benzodiazepines**. These include sedatives like Klonopin and Restoril. **Opioids** also have some effect, especially codeine or Percodan.

However, some of these drugs cause unwanted side effects. For example, in one study, the dopaminergic agent, Sinemet, caused **rebound** – symptoms increase in the morning – in 30% of patients and **augmentation** – worsening of the symptoms – in up to 75% of the patients. In the worst cases of augmentation, the symptoms became continuous and uncontrollable.

Even with the miracles of modern medicine,
we always need to expand our knowledge and proficiency.

In the past, many patients seeking help for their symptoms have been misdiagnosed. Now the medical community is beginning to recognize both RLS and PLMS as specific disorders. This means that an accurate diagnosis is more likely and more research will be done. However, a highly effective treatment is still not available.

Some of you might wonder why a psychologist would write about a *physiological* disorder. A dear friend of mine has the disorder.

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* Adapted from "Restless legs syndrome reduces ability to sleep," *The Menninger Letter*, October, 1995, pages 2 and 7, and Dr. Wayne A. Hening's "Recent studies of RLS and PLMD," *The Nightwalkers Newsletter*, October, 1995, pages 1, 8 and 9..