



Restless Leg Syndrome (RLS)

A Troubling Symptom in End-Stage Renal Disease (ESRD)

RLS is a common and troubling symptom for people with ESRD. RLS causes a disruption of sleep which can negatively impact a person's quality of life. Managing this symptom requires an accurate diagnosis to be made.

The International RLS Study Group (IRLSSG) (2012) has developed RLS diagnostic criteria that are widely accepted. All below criteria must be met for a confirmed diagnosis:

1. An urge to move the legs usually but not always accompanied by or felt to be caused by uncomfortable and unpleasant sensations in the legs.
2. The urge to move the legs and any accompanying unpleasant sensations begin or worsen during periods of rest or inactivity such as lying down or sitting.
3. The urge to move the legs and any accompanying unpleasant sensations are partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues.
4. The urge to move the legs and any accompanying unpleasant sensations during rest or inactivity only occur or are worse in the evening or night than during the day.
5. The occurrence of the above features is not solely accounted for as symptoms primary to another medical or a behavioral condition (e.g., myalgia, venous stasis, leg edema, arthritis, leg cramps, positional discomfort, habitual foot tapping).

The BC Renal Agency (2012) has developed an [RLS treatment algorithm](#) for hemodialysis patients. However, the guide states that the evidence to support pharmacological treatments of RLS is limited, and much of the recommendations in this area are based on expert opinion.

Sources:

The BC Renal Agency. (2012). Symptom Management Resource: Restless Leg Syndrome. Retrieved from: <http://www.bcrenalagency.ca/resource-gallery/Documents/SymptomManagementProtocolRestlessLegSyndrome1.pdf>

International Restless Leg Syndrome Study Group. (2012). Revised IRLSSG Diagnostic Criteria for RLS. Retrieved from: <http://irlssg.org/diagnostic-criteria/>

The BCRA also encourages non-pharmacological management strategies such as:

- Correcting any iron deficiency, if applicable
- Trialing abstinence from alcohol or nicotine
- Reducing or discontinuing any offending medications (see algorithm)
- Activities to increase mental alertness at times of boredom.

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