

Restless Leg Syndrome
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Learning Assessment

The following case pertains to questions 1-4.

A patient comes into your pharmacy and asks for help selecting OTC magnesium and potassium tablets for leg cramps. When you talk to him, you learn he feels strange, uncomfortable feelings in his legs, “like they are unsettled.” This only occurs when he rides on long trips in cars or airplanes. The feelings go away if he stretches his legs or if he rubs them. They are worse on ‘red eye’ flights and he hasn’t noticed them on morning commuter flights.

1. Which of the following is the best response?
 - A. “You might want to speak to your doctor about this, it sounds like you might have something called restless legs syndrome, but they can do an evaluation to determine this.”
 - B. “You can try taking 325mg ferrous sulfate 3 times a day with meals and eating extra bananas and orange juice should help.”
 - C. “You should take a multivitamin with magnesium and potassium, this [show a product] has enough of both vitamins to help.”
 - D. “This sounds like it might be a blood clot related to airplane flights, you should seek medical attention right away.”

2. This gentleman returns 3 months later with a prescription for levodopa/carbidopa 25mg po Take ½ tablet 1 hr prior to trip for RLS. Which of the following is the best course of action?
 - A. It is best used on a daily basis to treat intermittent RLS symptoms, you should call the prescriber to clarify the prescription.
 - B. Dose is too high for RLS, you should call the prescriber to clarify the prescription.
 - C. Levodopa/carbidopa will not take effect in 1hr, tell the patient to take it 2-3 hours prior to trip instead.
 - D. Dose and directions are reasonable, you should fill the script as is.

3. When counseling this patient on his new prescription, which of the following statements should be included?
- A. This medication should cure RLS after 4-6 weeks of treatment.
 - B. You might try having 1-2 glasses of wine in the evening to help with RLS symptoms on long trips.
 - C. Do tell your doctor if your symptoms become more frequent and you need to use this medication in non-travel situations. Sometimes RLS can get worse over time and your doctor might choose a different medication
 - D. If ½ to 1 tablet doesn't work to help your symptoms within 1 hour, you should take another dose.
4. This patient returns for a refill on levodopa/carbidopa 1 year later. He is currently taking 50mg po QHS. He complains that sometimes it doesn't seem to last long enough. What should you recommend?
- A. "You can try to break up the dose so you take ½ and then ½ again when it starts to wear off."
 - B. "You should take an extra tablet when you notice it starting to wear off."
 - C. "We can talk to your doctor about this, we may be able to use an extended release pill that lasts a bit longer."
 - D. "We should talk to your doctor about this. It sounds like you are developing tolerance to this medication and we need to discontinue it."
5. Which one of the following medication regimens is associated with the highest risk of augmentation?
- A. pramipexole 0.5mg po QHS
 - B. ropinirole 1mg po QHS
 - C. levodopa/carbidopa 200mg po QHS
 - D. iron sulfate 325mg po TID
6. Which of the following is true about the use of non-ergot dopamine agonists pramipexole and ropinirole?
- A. They have a longer duration of action than levodopa/carbidopa
 - B. They have a quick onset of action, often in 20 minutes
 - C. They should be take with a high protein meal to enhance absorption
 - D. They are more effective for RLS, but are associated with greater risks of augmentation than levodopa/carbidopa
7. Which of the following adverse events is associated with ergot-derived dopamine agonists, requiring cardiac monitoring?
- A. valvular disease
 - B. headache
 - C. daytime sleepiness

D. dry mouth

8. A patient comes in complaining that her RLS is getting worse. She is currently taking ropinirole 0.5mg po 2 hrs before bedtime each night. She has been taking this for about 14 months. She describes restlessness and discomfort that now starts about 4pm in the afternoon, instead of just during bedtime. Which of the following is the best recommendation?

- A. Increase dose of ropinirole to 1mg.
- B. Take 1mg ropinirole 2hrs before bed, then 1mg at 3am
- C. Discontinue ropinirole for > 3 months, then consider restarting
- D. Add zolpidem 10mg po QHS

9. What is the role of opioid agonists in the treatment of RLS?

- A. They should be avoided
- B. They can help to reduce symptoms and sleep quality
- C. They are last line agents to be consider after all others have failed
- D. They are not effective for RLS, but may help the patient sleep.

10. Which of the following agents was recently withdrawn from the US market because of an association with valvular heart disease?

- A. pramipexole
- B. pergolide
- C. prilosec
- D. progesterone

Suggested References

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