Sleep disturbances in restless legs syndrome

Poremećaj spavanja zbog sindroma nemirnih nogu

Jasmina Jović*, Marina Svetel†, Tatjana Pekmezović‡, Vladimir S. Kostić‡

*General Hospital „Dr Radivoj Simonović“ Sombor, Serbia; Clinical Center of Serbia, †Clinic of Neurology, Belgrade, Serbia; University of Belgrade, Faculty of Medicine, ‡Institute of Epidemiology, Belgrade, Serbia

Abstract

Background/Aim. Restless legs syndrome (RLS) is chronic neurological disorder characterized by urge to move legs that is usually accompanied by unpleasant sensations in the lower extremities. Sleep disturbance is one of the main accompanying symptoms of RLS which exists in approximately 90% of patients. Impairment of sleep is related to daily sleepiness, depressive and anxiety disorders. The aim of this study was to detect frequency and characteristics of sleep-related symptoms in patients with RLS, and its impairment to daily sleepiness, fatigue, anxiety and depression. Methods. We have examined 94 patients with RLS. The diagnosis of RLS was based on questionnaire with 4 specific questions according to International Restless Legs Syndrome Study Group (IRLSSG) criteria updated in 2003. Severity of symptoms was estimated with IRLSSG Rating Scale, depression and anxiety with Hamilton Depression Rating Scale (HDRS) and Hamilton Anxiety Rating Scale (HARS) and sleepiness with Epworth Sleepiness scale (ESS). We estimated sleep characteristics and disturbances with specific questionnaire. Results. In our study 79.9% of patients had sleep-related symptoms. Average sleep duration was 6.50 ± 1.42 hours, with average frequency of awakening 2.34 ± 1.69 times per night. Average ESS score was 5.12 ± 4.08 (0–17). Patients with more severe symptoms had higher degree of sleepiness (p = 0.005). Patients with higher symptoms frequency, significantly more often had sleep disturbance (p = 0.016), tiredness and daily sleepiness (p = 0.001). Daily sleepiness (ESS) also significantly correlates with depression (p < 0.05) and anxiety (p = 0.012). Conclusion. Our results confirm that sleep disturbances are one of the key accompanying symptoms of RLS which cause daily sleepiness, tiredness, depression and anxiety. Therefore, their early recognition and appropriate treatment must be a priority in RLS patients.

Key words: restless legs syndrome; sleep disorders; anxiety; depression; fatigue; surveys and questionnaires.

Apstrakt

Uvod/Cilj. Sindrom nemirnih nogu (SNN) je hronična neurološka boleć koju karakterišu potreba za pomeranjem nogu udružena sa neprijatnim senzacijama u donjim ekstremitetima. Poremećaji spavanja spadaju u glavne prateće simptome SNN koji se javljaju kod oko 90% bolesnika. Poremećaji spavanja dovode do dnevne pospanosti, depresivnosti i anksioznosti. Cilj ove studije bio je da detektuje učestalost i karakteristike poremećaja spavanja kod bolesnika sa SNN, kao i njihov uticaj na dnevnu pospanost, umor, anksioznost i depresivnost. Metode. Ishpito je 94 bolesnika sa SNN. Dijagnoza SNN postavljena je na osnovu kriterijuma Internacionalne grupe za proučavanje sindroma nemirnih nogu (International Restless Legs Syndrome Study Group – IRLSSG) iz 2003. godine. Težina kliničkog slike procenjena je pomoću IRLSSG rating scale, depresivnosti i anksioznosti Hamiltonovom skalom za procenu depresivnosti i anksioznosti, a pospanost Epworthovom skalom pospanosti. Posebnim upitnikom ocenjivali smo karakteristike sna i njegove poremećaje. Rezultati. U našoj studiji 79,9% bolesnika imalo je poremećaje spavanja. Prosečna dužina sna bila je 6,50±1,42 sati sa prosečnim buđenjem 2,34 ± 1,69 puta u roku noći. Prosečan skor na Epworthovoj skali pospanosti bio je 5,12 ± 4,08 (0–17). Bolesnici sa većom učestalošću tegoba imali su statistički značajno veći stepen pospanosti (p = 0,005). Bolesnici sa većim učestalošću tegoba imali su češće poremećaje spavanja (p = 0,016), umor i dnevnu pospanost (p = 0,001). Dnevna pospanost značajno je korisila sa depresivnošću (p < 0,05) i anksioznostu (p = 0,012). Zaključak. Nasni rezultati potvrđuju da su poremećaji spavanja ključni prateći simptomi SNN koji uzrokuju dnevnu pospanost, umor, depresivnost i anksioznost. Zato je njihovo rano prepoznavanje i adekvatno lečenje od velikog značaja.

Ključne reči: sindrom nemirnih nogu; spavanje, poremećaji; anksioznost; depresija; zamor; ankete i upitnici.

Correspondence to: Jasmina Jović, General Hospital „Dr Radivoj Simonović“ Sombor, Branka Radičevića 6, Sombor, Serbia.
E-mail: jasmina.s.jovic@gmail.com
Introduction

Restless legs syndrome (RLS) is a chronic neurological disorder characterized by an urge to move legs which is usually accompanied by unpleasant sensation in the lower extremities. It begins or worsens during the periods of rest (during the evening and nighttime hours), and it is partially or totally relieved by movement 1. Prevalence of RLS in general population of Caucasians is ranging from 3.2% to 23.5% 2, which we have confirmed in the population of Sombor (Serbia) with prevalence of 5.1% (95% CI 4.2–6.2) and after correction (age-adjusted by European standard population) 4.4% (95% CI 3.6–5.4) 3. Sleep disturbance is one of the main accompanying symptoms of RLS which exists in approximately 90% of patients and conversely, in 20% patients with insomnia, it is due to RLS 4. Impairment of sleep is related to daily sleepiness, depressive and anxiety disorders 5, cognitive and short attention impairment, executive functions and verbal fluency 6.

The aim of this study was to detect frequency and characteristics of sleep-related symptoms in patients with RLS, and its impairment to daily sleepiness, fatigue, anxiety and depression.

Methods

In our study we examined 94 patients with RLS, which had previously been detected in the study of prevalence of RLS and the results of which have already been published 3. The diagnose of RLS was based on questionnaire with 4 specific questions, essential criteria for RLS, and 3 additional questions, supportive criteria, according to the International Restless Legs Syndrome Study Group (IRLSSG) criteria updated in 2003 1. All patients have been examined in the General Hospital in Sombor and Clinic of Neurology in Belgrade, where they completed questionnaire with clinical and demographic data. The questionnaire was specifically created for this study. Severity of symptoms were detected with International rating IRLSSG Rating Scale 1, depression and anxiety with Hamilton Depression Rating Scale (HDRS) 7 and Hamilton Anxiety Rating Scale (HARS) 8, respectively, and sleepiness with Epworth Sleepiness Scale (ESS) 9. We have detected sleep characteristics and disturbances with specific questionnaire about sleep latency, occurrence, duration and characteristics of symptoms at the time of falling asleep, quality and continuity of sleep, and frequency and number of awakenings during night.

Results

We investigated 94 patients with primary RLS whose clinically-demographic data is shown in Table 1. The most severely affected subjects were ones with significantly more frequent symptoms of RLS (p = 0.001). Amongst 94 patients only 11 previously had diagnosis of RLS, and only 7 had adequate therapy with dopa-agonist. Some patients (28/94) had been treated with sedatives, antidepressants, hypnotics or its combination.

In our study 79.9% of patients had sleep-related symptoms, 56.4% had problems with sleep continuity, 45.7% of patients had RLS related problems during night in duration of more than one hour, and 11.7% of patients had these problems in duration of more than three hours. Average sleep duration was 6.50 ± 1.42 hours, with average frequency of awakening 2.34 ± 1.69 times per night. Symptoms, in the case of our patients, would mostly begin at the moment of falling asleep, between 22–24 h (78.7%), then about 18 h (12.8%), or before 18 h (8.5%). Average sleep latency was 62.0 ± 45.36 min. None of the patients was on dopa-agonist therapy, but 27.6% was treated with benzodiazepines, 4% with antidepressants and 7.9% with some of the combinations of benzodiazepines, antidepressants and hypnotics, with poor effect on sleep-related symptoms.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients</td>
<td>94</td>
</tr>
<tr>
<td>Gender, n</td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>67</td>
</tr>
<tr>
<td>male</td>
<td>27</td>
</tr>
<tr>
<td>Age in the moment of investigation (years)</td>
<td>58.91 ± 13.42</td>
</tr>
<tr>
<td>Age in a moment of beginning of symptoms (years)</td>
<td>44.3 ± 14.2</td>
</tr>
<tr>
<td>Frequency of RLS, %</td>
<td></td>
</tr>
<tr>
<td>permanent</td>
<td>32.4</td>
</tr>
<tr>
<td>progressive</td>
<td>18.9</td>
</tr>
<tr>
<td>intermittent</td>
<td>48.6</td>
</tr>
<tr>
<td>&gt; 1x a week</td>
<td>63.8</td>
</tr>
<tr>
<td>≤ 1x a week</td>
<td>36.2</td>
</tr>
<tr>
<td>Severity of symptoms (IRLSSGS), %</td>
<td></td>
</tr>
<tr>
<td>mild</td>
<td>41.5</td>
</tr>
<tr>
<td>moderate</td>
<td>48.9</td>
</tr>
<tr>
<td>severe and very severe</td>
<td>9.6</td>
</tr>
</tbody>
</table>

IRLSSGRS – International Restless Legs Syndrome Study Group Rating Scale.

σ – mean value; SD – standard deviation; n – number of patients; % – percentage of patients.
Average ESS score was 5.12 ± 4.08 (0–17). Totally 22.3% of patients had severe sleepiness and needed medical treatment and following-up, and 12.8% of patients had moderate sleepiness (score 7–8). No sleepiness during the day was found in 64.9% of patients (score 0–6), even though most of them had problems with sleep continuity.

We found a statistically significant correlation between severity of symptoms according to IRLSSG rating scale and sleepiness according to ESS – patients with more severe symptoms had higher degree of sleepiness (p = 0.005), but their duration had no influence on sleepiness. Frequency of symptoms also had significant influence on sleep disturbances, tiredness and daily sleepiness. Patients with higher frequency symptoms, according to the statistics, significantly more often had sleep disturbances (p = 0.016), tiredness and daily sleepiness (p = 0.001) (Table 2). Daily sleepiness (ESS) also significantly correlated with depression (HDRS) (p < 0.05) and anxiety (HARS) (p = 0.012).

Discussion

Our results showed that more than 4/5 of our patients had some kind of sleep disturbances, and more than a half suffered from disruption of sleep continuity. Severity of symptoms correlated with their frequency, and also with the statistics, significantly more often had sleep disturbances (p = 0.016), tiredness and daily sleepiness (p = 0.001) (Table 2). Daily sleepiness (ESS) also significantly correlated with depression (HDRS) (p < 0.05) and anxiety (HARS) (p = 0.012).

Severity of symptoms correlated with sleep disturbances, so subjects with moderate and severe disease had sleep duration less than 5 hours per night (50%), or even less than 3 hours per night (14%), and their sleep was less efficient because, in our study, symptoms were related to sleep initiation (22–24 h) in 78.7% or started during afternoon (18 h). Only 10.6% had symptoms after falling asleep (1–2 a.m.)\(^\text{11}\). Duration of sleep-related symptoms was, in the case of our patients, longer than one hour in 45.7%, and longer than three hours in 11.7%, with significant sleep impairment. Average sleep duration was 6.5 hours.

As a consequence of chronic sleep disturbances patients may feel irritable, have a lack of initiative, memory disturbances, depression and anxiety\(^\text{12}\). This leads to social isolation and problems in daily activities\(^\text{13}\). These patients more often have episodes of night smoking and eating than healthy population\(^\text{14}\).

Daytime sleepiness is one of the expected consequences of sleep deprivation, but there are contradictory results in different studies. In some of them there was converging evidence that around 20–25% of subjects with untreated idiopathic RLS are likely to experience increased daytime sleepiness\(^\text{15}\), and 32–42% excessive sleepiness\(^\text{2}\). Excessive sleepiness is two to three times higher than in healthy population\(^\text{2}\). For daytime sleepiness assessment we used ESS. Average score was 5.12 ± 4.08 (0–17). No sleepiness during the day was found in 64.9% of patients (score 0–6), even though they had problems with sleep continuity, 12.8% had moderate sleepiness and 22.3% suffered from severe sleepiness and they needed medical treatment and following-up. Daytime sleepiness statistically correlated with disease severity; according to IRLSSG – patients with more severe symptoms had a higher degree of daytime sleepiness. Duration of symptoms had no influence on sleepiness. Similar results were found in a study of Kim et al.\(^\text{16}\) with also positive correlation between simp-
toms of severity according to IRLSSG Rating Scale and sleepiness according to ESS. In accordance with what was already mentioned above, there was a correlation of frequency of RLS symptoms and sleep disturbances, tiredness or sleepiness during the day estimated by IRLSSG Rating Scale. Sleep disturbances due to RLS were also significantly more common among RLS sufferers with frequent symptoms.

Sleep disorders can cause depression and anxiety. Insomnia is independent factor for depression, but depression may be a consequence of other factors which disturb quality of life like social isolation and the chronic nature of the disease. Depression and anxiety appears at least twice as often in RLS patients than in healthy population. In our investigation daily sleepiness (ESS) significantly correlated with depression (HDRS) and anxiety (HARS), and conversely – patients with higher scores on HDRS and HARS had statistically significantly more often daily sleepiness.

**Conclusion**

Our results confirm that sleep disturbances are ones of the key accompanying symptoms of RLS which cause daily sleepiness, tiredness, depression and anxiety. Therefore, their early recognition and appropriate treatment must be a priority for RLS patients.

**REFERENCES**


Received on July 22, 2015.
Accepted on August 03, 2016.
Online First November, 2016.