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Understanding, treating children's restless legs

"Oowies", "tickles", "spiders", "boo-boos", and "a lot of energy in my legs," are words children frequently use to describe the symptoms of pediatric restless leg syndrome. Leg pain is very common in children, but children are often fidgety and in motion. So how are parents and caregivers to know if pain and movement indicate RLS, growing pains or attention deficits? Is RLS even an important diagnosis to make?

Five to 10 percent of adults in the United States and many of these adults say their symptoms began in childhood or adolescence. Pediatricians rarely make the diagnosis in children, but a study published in the August 2007 issue of Pediatrics reveals that 2 percent of children suffer from symptoms of RLS, with one in every 100 experiencing moderately severe symptoms at least twice a week. Boys and girls are reportedly affected equally.

In 2003, the National Institute of Health formally defined pediatric RLS as a neurological sleep disorder, a syndrome or grouping of symptoms, not necessarily a disease. Experts in the field developed the following criteria that to diagnose it:

An urge to move the legs accompanied by an uncomfortable sensation in the legs.

The urge to move, or unpleasant sensations that begin or worsen during periods of rest or inactivity.

The urge to move, or unpleasant sensations, described in the child's own words, that are relieved by walking or stretching.

Symptoms that worsen or occur only in the evening.

Making the diagnosis is important. Children are more likely to be diagnosed with RLS if a parent or sibling has been diagnosed with restless leg syndrome,

or if the child also has a sleep disorder. Children with moderate to severe RLS experience symptoms that are accompanied by feelings of distress at least twice a week, and may experience significant sleep disorders, mood disorders, or decreased energy and difficulty in concentration. This often leads to poor self esteem and performance in school. Failure to make a correct diagnosis prevents appropriately focused treatment and may lead to prolonged anxiety.

There is no cure for RLS and in most cases, treatment for RLS is limited to relieving symptoms. Lifestyle changes are frequently recommended for adults and adolescents, who are told to avoid alcohol, tobacco, and caffeine, modify sleep patterns, and vary activity and exercise levels. For some patients and younger children, warm baths or heating pads may bring relief, while ice packs may help others. Medications play a limited role in adult therapy and are sparingly used in children. Sleep medications and muscle relaxants may help relieve some RLS symptoms, as well.

If your child has these symptoms and you are concerned, speak with your physician. This is a newly defined and poorly understood disorder. Pediatricians rarely make the diagnosis of RLS as symptoms are not well known, there is no cure, and it is not considered a serious medical disorder.

On a positive note, although RLS may be a lifelong issue for some patients it is not the beginning of a more debilitating degenerative neurological disorder. In some cases the symptoms may progress, and in others there may be long periods of remission. In either case, intervention, understanding and support are critically important.

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