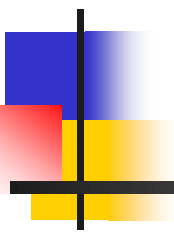


# Restless leg syndrome in children



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M Maldonado MD



# Restless leg syndrome

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- Described in 1953
- Thought to be circumscribed to adults,
- Recently described in children
- Important cause of hypersomnia and
- Fragmentation of sleep leading to irritability and restlessness the next day



# Restless leg movements. Two types

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- I. On sleep onset the child feels that he/she has to move legs, due to tingling or uncomfortable sensations. Cannot be still. Hard to go to sleep or in phases I and II
- II. Once asleep, during phases III and IV, person moves leg periodically, in episodic way, maybe every 1 to 5 min.
- This leads to sleep fragmentation



# Clinical picture

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- Dysesthesias in the legs. Often confused with growing pains, or with “leg gone to sleep”, as there is tingling.
- Moving the legs alleviates the sensation
- Leads to long time to go to sleep
- Parents complain more than 30min to fall asleep



# Clinical picture

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- Sleep interrupted by sleep,
- On average six awaking per hour
- Fragmentation of sleep III and IV
- Leading to hypersomnia during the day
- And complains that the child wakes up during the night



# Restless leg syndrome

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- Genetic determination
- Autosomic gene?, dominant?
- Deficit of Iron
- Diabetes Mellitus ( neuropathy)
- Peripheral neuropathy
- Often coexists with attention deficit dis.
- And with motor restlessness during the day and awake states



# Treatment

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- Treat associated conditions, e.g. ADHD
- Caffeine restriction. Sleep routine
- Clonidine, Guanfasine
- Clonazepam may reduce movements
- Levo dopa (adolescents)