

**A. Patients with one of the following complaints should be specifically screened for RLS:**

**1. Does the patient complain of insomnia or sleep problems?**

**If yes, is it due to a need to move?**

**OR**

**2. Does the patient complain of unpleasant (painful) sensations in the legs?**

If the patient answered yes to either of the above questions then questions from part B should be put to the patient:

**B. RLS-Diagnostic Index: [35] [52]**

<b>In the last seven days:</b>	<b>Yes</b>	<b>No</b>
1. Do you feel an <b>urge to move</b> your legs (arms)?		
2. When feeling an urge to move, do you experience <b>unpleasant sensations</b> in your legs (arms) such as tingling, burning, cramps, pain?		
3. Does the urge to move / unpleasant sensations begin or <b>worsen</b> when you are <b>at rest</b> (lying, sitting) or when you are inactive?		
4. Does <b>moving</b> partially or completely relieve the urge to move / unpleasant sensations (e.g., walking or stretching?)		
5. Does the urge to move / unpleasant sensations increase in the evening or at night compared to the day? (That means, complaints are worse at night than during the day or occur only in the evening or at night). In severe RLS, this criterion must have previously been present.		

If all are yes then the patient has RLS. If the patient answers yes to at least questions 1 and 3 then proceed to **items 6 to 8**

**Associated and supportive criteria**

	<b>Yes</b>	<b>No</b>
6. Does a first-degree relative (parents, brothers and sisters, children) suffer from the urge to move/ unpleasant sensations (item 1-5)?		
7. Did the urge to move / unpleasant sensations ever improve with dopaminergic therapy?		
8. Are you sure that the urge to move / unpleasant sensations cannot be satisfactorily explained by other medical factors / concomitant diseases (e.g. muscle cramps, positional discomfort, polyneuropathy)? <b>(see table 3)</b>		

In addition to positive response to questions 1 & 3 above, if the patient answers yes to one or more questions (6-8) then it is likely that they have RLS.

**When to refer to a specialist:**

- When the diagnosis remains in doubt
- No clear-or non-sustained response to dopaminergic therapy
- Any strictly unilateral leg symptoms

**Indications for sleep lab assessment (by a sleep specialist):**

- Daytime sleepiness as the most burdening symptom
- Differential diagnosis with other sleep disorders (i.e., sleep apnoea or parasomnia)
- Non-response to dopaminergic therapy
- Atypical presentation of symptoms
- Severe symptoms in a young patient (<30 years)

PSG, if available, can help confirm diagnosis, evaluate impact on sleep and exclude other sleep disorders

**C. Clinical evaluation of causes of RLS:**

■ **Clinical history:**

- Ask about relatives with RLS > RLS is frequently genetic
- History of iron deficiency > RLS is often caused by iron deficiency: measure ferritin if RLS is suspected
- Peripheral neuropathy > consider a neurological exam, EMG
- Pregnancy > RLS is present in approx. 20% of pregnancies
- Renal disease > 40% of patients have RLS
- Diabetes > higher prevalence of RLS
- Drugs that exacerbate RLS (e.g. antidepressants, see table 4)

■ **Laboratory evaluation:**

- Haemoglobin (exclude anaemia)
- Serum creatinine, urea and albumin (exclude renal dysfunction)
- Serum glucose
- Serum ferritin (should not be < 50µg/L)