



EMBARGOED

Contact: Georgianna Bell, Executive Director
Restless Legs Syndrome Foundation
Phone: 507-287-6465
Toll-Free Information Request: 877-463-6757 (INFO-RLS)
Email: rlsfoundation@rls.org
Website: www.rls.org

RESEARCHERS REPORT PREVALENCE AND IMPACT OF RESTLESS LEGS SYNDROME IN CHILDREN AND ADOLESCENTS

ROCHESTER, MN – August 7, 2007 –Daniel Picchietti, MD, a physician researcher with The University of Illinois and the Carle Regional Sleep Disorders Center, and a team of scientists have revealed the results of a population-based study which identified the prevalence and severity of restless legs syndrome (RLS) in children. Their findings were published last week in *Pediatrics*, one of the leading journals relating to medical conditions affecting children, as well as the most widely cited journal in the pediatric literature. It is believed that this is the first large-scale, population-based study of RLS prevalence and impact in children and adolescents and the first to use specific pediatric RLS definitions in a general population survey. The results of this population-based study indicate that RLS is prevalent and troublesome in children and adolescents, occurring more commonly than epilepsy or diabetes.

RLS is a neurological disorder that affects approximately 5-10% of adults in the U.S. and Western Europe. Approximately one-third of those are affected to a moderate or severe degree. RLS is characterized by an irresistible urge to move the legs at times of rest or relaxation. Because RLS most often occurs in the evening, it can severely disrupt sleep and reduce quality of life. Although most research is focused on adults, RLS symptoms often begin during

childhood or adolescence. About 35% of patients report RLS onset prior to age 20 and one in ten report that the syndrome appeared during the first decade of life.

RLS can significantly disrupt people's lives—both physically and emotionally. Since symptoms occur or worsen in the evening and are relieved with movement, RLS may severely interfere with getting a good night's sleep. In turn, sleep deprivation causes stress and affects relationships, work, and families. The symptoms of RLS may also interfere with daily activities like traveling distances on a plane or in a car, attending a concert, concentrating on work or school tasks, and sitting through a business meeting.

Initially blinded to the survey topic, 10,523 families were recruited from a large, volunteer research panel in the U.S. and the United Kingdom. The researchers utilized the National Institutes of Health 2003 pediatric restless legs syndrome diagnostic criteria and constructed questions specifically designed to exclude common RLS mimics like positional discomfort, sore muscles, and leg cramps. No specific differences between gender were reported, contrasting adult studies which have found a 2:1 female to male ratio. In total, 2% of children aged 8-17 were found to have RLS symptoms. While the symptoms were mild in some, one-fourth of children aged 8-10 and one half of children 12-17 had moderate to severe symptoms.

Another interesting finding was how often RLS appeared to run in families. In children who were affected, 70% had at least one of their biologic parents report RLS symptoms. Remarkably, 16% of affected children had both biologic parents report RLS symptoms. The frequent occurrence in families is particularly interesting in light of the recent discovery of genes associated with RLS published in the *New England Journal of Medicine* and *Nature Genetics*.

The results of this study indicate that RLS is commonly undiagnosed in children and adolescents, even for those who reported that they sought medical care for the symptoms. Less

than 1 in 4 who sought medical care received an RLS diagnosis, with diagnosis rates only slightly improved for those moderately to severely affected. Because RLS is not generally recognized as a medically significant disorder, there may be a tendency to discount these symptoms as unimportant or interpret them as an expression of more familiar medical conditions.

According to lead author, Dr. Picchietti, “There are some children who only have a mild case of RLS; however, there are others who have very troublesome symptoms that do have a substantial impact on their lives. Sleep disturbance was common—over two-thirds of the children with RLS had disturbed sleep. Other perceived consequences included difficulty sitting in the afternoon or evening, negative effect on mood, and difficulty concentrating. You can easily see how those things could affect the day to day life of a child.”

The Restless Legs Syndrome Foundation, a 501(c)(3) nonprofit organization, provides information and support for people living with RLS. “The Foundation has long known that RLS is impacting the younger generation,” said Georgianna Bell, Executive Director of the RLS Foundation. “Not only do we have many families involved with the RLS Foundation whose children are living each day with RLS, but we have many adult members who can trace their RLS back to childhood remembering being told: ‘sit still’, ‘it’s just growing pains’, or ‘quit wiggling so much.’ These findings by Dr. Picchietti and his talented team of researchers help validate and support so many families who are watching their children deal with this often devastating disorder.”

The RLS Foundation’s goals are to increase awareness, to improve treatments, and, through research, to find a cure for RLS. The Foundation provides educational resources, produces the quarterly newsletter *NightWalkers*, and offers support groups. For more

information, please call the toll-free number 1-877-INFO-RLS or visit the RLS Foundation's website at www.rls.org.

- ## -

For more information, visit the Foundation's website at www.rls.org and click on the "Announcement" link under "About the RLS Foundation" to view the abstract of this article. You can also request a copy of the RLS Foundation's Children and RLS brochure by calling 507-287-6465 or emailing rlsfoundation@rls.org.