

TITLE 1: “Ask the Doctor”

TITLE 2:

DATE: May 2001

AUTHOR/S: Barbara Phillips, M.D.

KEYWORDS:

- Pharmaceutical treatment
- Diet
- Sleep

ABSTRACT OVERVIEW: One reader asks if caffeine could play a role in her RLS suffering. The drug Permax is also discussed.

COPY OF ARTICLE:

Ask the Doctor

Q. *During my husband’s 2½ year cancer illness, I became addicted to coffee; eight months later*



I realized it and cut back to one to two cups per day. Two years after my husband’s death, my 40 years of intermittent, fairly mild RLS became severe, with sleep at 12 to 18 minutes at a time. It didn’t take long to affect me mentally and physically, and my doctor was unable to treat me successfully or send me somewhere to get help, although he tried hard. The article in “Modern Maturity” literally saved my life — a neurologist was the only type of doctor I hadn’t seen in my quest for help for my RLS and, by this time, my nocturnal myoclonus. I now take Permax and get from 4 to 7 hours of sleep and have learned to live with it although my concentration and short-term memory problems are disruptive. I have read the journal article entitled “Restless legs, anxiety, and caffeinism,” by Elmar G. Lutz, MD, dated 1978,

whose information seems fairly obsolete. I have been unable to unearth anything newer and would like you to shed some light on this. It doesn’t seem reasonable that a short-term addiction would continue to cause RLS several years later and, if so, why doesn’t it leave since I have been caffeine free for a long time now? Any help you can give would be appreciated.

A. Thank you for an interesting letter. I share your belief that caffeine has very little, if anything, to do with your current restless legs symptoms. While caffeine is known to disturb sleep acutely, its effect on RLS and periodic limb movements of sleep is anecdotal. There is, in fact, some evidence that caffeine plays very little role in acute RLS symptoms, at least in dialysis patients. Further, it is extremely unlikely that your past caffeine use is contributing to your current RLS symptoms. The prevalence and severity of RLS do increase with aging, and this could be the explanation for your symptoms. Another possibility is exposure to a different risk factor for RLS. For example, a medication that you may have begun after the time of your husband’s death could be contributing to your symptoms. Antidepressants, antihypertensives, and several other classes of drugs can cause or exacerbate RLS symptoms. Another possibility is nicotine. If you substituted cigarettes for coffee, this very likely is contributing. If none of this applies, I would recommend a complete checkup to rule out diabetes, anemia, or kidney disease if you haven’t done this already. I am very glad that you found relief from your RLS.

Barbara Phillips, MD, MPH

University of Kentucky, Lexington