
Preface

The present book follows from an idea of Prof. Richard Allen, one of the most worldwide recognized prominent experts in restless legs syndrome (RLS) working at Johns Hopkins University, in Baltimore, MD (USA). After the efforts made in the last decade of the past century in spreading out the knowledge of the disease to the large audience of non-sleep specialists, the time was now ready to focus the attention of the readers on one of the most relevant clinical aspect of the syndrome: its chronicity.

Despite few cases of partial or complete remission, idiopathic RLS is usually a chronic long-term condition with a longer duration for patients with an early onset of symptoms. This feature often leaves the patients hopeless and worried about possible long-term consequences of the disease and about the efficacy and possible complications of a prolonged pharmacological treatment. On the other hand, the chronicity of the disease represents a major challenge for physicians, who have to be aware that once an effective drug is started, it will be difficult to be withdrawn in the future. Scientific data on the long-term efficacy and tolerability of most of the medication used in RLS are poor. This should be taken in high consideration by sleep specialists, who need to carefully calibrate their pharmacological intervention without focusing only on the immediate efficacy of drugs but thinking with a long prospective view. Behind the enthusiastic short-term efficacy of dopamine-agonists, more than few insidious long-term complications are hidden such as tolerability, loss of efficacy and mainly augmentation, which is a paradoxical pharmacologically induced increase in the overall severity of RLS, and it has probably become the main challenge in the long-term clinical management of RLS. Augmentation has been reported so far on all dopaminergic treatments.

Nevertheless, some kind of treatment is necessary because, besides a significant detriment of life quality, if symptoms persist, other harmful long-term consequences might upsurge. RLS patients are more prone to develop depression, anxiety, chronic sleep deprivation, nocturnal eating or smoking, other sleep disorders, and maybe cardiovascular pathologies. All of the above-described phenomena

brought our attention to the experts in the field, who kindly contributed to this book, providing the readers with the best knowledge available on the chronic aspect of RLS, with precise answers to important questions such as when and how a pharmacological treatment should be started and how possible future and challenging complications can be managed.

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