

Flow Chart for the Management of Restless Legs Syndrome and Periodic Limb Movement Disorder (RLS/PLMD)

Steps	Agents	Dosages	Side Effects	Countermeasures
Step 1	DA agonists Pramipexole Ropinirole Pergolide	0.125-1 mg* 0.25-4 mg* 0.1-0.5 mg*	Nausea and orthostatic hypotension Insomnia Daytime fatigue and somnolence Hallucinations Tolerance Augmentation	Slowly increase dosage or use domperidone if available (10-30 mg) Use small dose of benzodiazepines in association with DA agonists Reduce dosage or discontinue DA agonists and use levodopa (if severe and persistent) Discontinue DA agonists Drug holiday for 2 wk then return to lower dosage Use small extra dose during daytime or discontinue DA agonists (if severe and persistent)
Step 2	DA precursors Levodopa with benserazide or carbidopa	100/25 mg, 200/50 mg, [†] regular or slow release	Same as for DA agonists Morning rebound or augmentation of restless legs syndrome in early evening	See countermeasures for DA agonists (above) Use small extra dose of levodopa during daytime or reduce dosage or combine levodopa with DA agonists or benzodiazepines or discontinue levodopa (if severe and persistent)
Step 3	Benzodiazepines Clonazepam Temazepam Nitrazepam	0.5-2 mg [†] 15-30 mg* 5-10 mg*	Daytime somnolence Tolerance	Reduce dosage Drug holiday for 2 wk, then return to lower dosage
Step 4	Opiates Oxycodone Codeine	5-20 mg [†] 15-120 mg*	Constipation Dependency	Symptomatic treatment Drug holiday or withdrawal
Step 5	Antiepileptic drugs Carbamazepine Gabapentin	200-400 mg* 100-1800 mg*	Nephrotoxicity Daytime fatigue and somnolence	Monitor blood level regularly and adjust dosage Reduce dosage

* At bedtime

† At bedtime and repeat once during the night.

DA, dopamine

Ferritin Level Check

All RLS/PLMD patients should have a ferritin level check. When the patient's ferritin level is less than 50 ug/L, oral iron treatment is indicated, usually as a supplement treatment. Oral iron treatment can be ferrous sulfate 325mg, or its equivalent, with vitamin C 100 to 200mg taken twice a day, preferably on an empty stomach, depending on how well the iron is tolerated.