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RESTLESS LEG SYNDROME: DISEASES BETWEEN PSYCHIATRY AND NEUROLOGY

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Dear Editor-in-Chief,

I am writing to you regarding restless leg syndrome, a disease from the spectrum of movement disorders that has significant repercussions in other areas of medicine, primarily in the area of psychiatry, which has recently shifted this syndrome from its focus of interest. Throughout the history of study, this syndrome has evolved from a predominantly psychiatric disorder (Coccagna et al. 2004), when considered a form of hysteria, to a predominantly neurological disorder from the group of movement disorders with manifest symptoms of pain in the extremities, burning or stabbing sensations, which decrease or disappear with limb movement. The feelings generally happen when at rest and therefore can make it hard to sleep. Due to the disturbance in sleep, people with RLS may have daytime sleepiness, low energy, irritability and a depressed mood (Saletu et al. 2013; Gossard et al. 2021).

Large community studies in Europe and North America show RLS prevalence rates from 7% to 10% in the general adult population. Prevalence increases with age with some studies estimating prevalence to be as high as 18-23% in the elderly, and increases in the presence of coexisting morbidities, and it is higher in women, twice as often as men (Ohayon et al. 2012).

Interestingly, studies have also indicated that RLS is relatively common in children and adolescents, affecting 1–4% of this population (Picchietti et al. 2007).

The frequency of this syndrome during pregnancy triples (Ohayon et al. 2012; Lepuzanović et al. in press). In addition to the above, an increased frequency has been observed in people suffering from anemia caused by iron deficiency, chronic renal insufficiency, diabetes mellitus, hypertension, and Parkinson's disease (Šabić et al. 2016).

The latest diagnostic criteria for RLS were updated in 2014 by the IRLSSG and consist of five key features that must be met for a diagnosis of RLS (Allen et al. 2014): 1) Increasing discomfort in the legs, accompanied by an overwhelming need and urge to move legs or other body parts; 2) Symptoms appear and worsen during periods of rest, such as lying down or sitting; 3) After moving the limbs affected by the discomfort, there is a partial or complete relief of the symptoms; 4) Appearance or worsening of symptoms in the evening or at night, and; 5) Exclusion of another primary cause of symptoms (eg, myalgia, venous stasis, leg edema, arthritis, leg cramps, discomfort in position, habitual foot tapping).

According to the etiology, RLS can be divided into: Primary (idiopathic) form, which is characterized by an earlier onset of symptoms, a slower course of the disease, but also a better prognosis. It usually appears before the age of 40, sometimes already in early childhood when it is often misinterpreted as

hyperactive child syndrome. The secondary form occurs in various conditions, such as pregnancy, iron deficiency anemia, peripheral neuropathy, kidney disease, cardiovascular disease, diabetes, migraine, hypertension, multiple sclerosis, stroke (Chen et al. 2019).

It has long been known that this syndrome disturbs sleep, impairs the quality of life and can lead to anxiety and depressive disorders, and on the other hand, it can be caused or worsened by taking antidepressants. Also, when it comes to pregnancy and childbirth, the fact is that pregnant women with restless legs syndrome have a worse quality of life, more often develop symptoms of anxiety and depression (Jahani Kondori et al. 2020), which ultimately can cause weaker cooperation during the act itself childbirth, thus contributing to more frequent childbirth complications.

Due to its etiology, clinical picture, and comorbid psychological disorders, restless legs syndrome is a disorder that represents a close link between psychiatry and neurology. If we take into account everything mentioned above, but also the wide range of antidepressants available to psychiatrists in their clinical practice and which are increasingly prescribed, it is necessary to pay additional attention to the possible occurrence or worsening of this disorder during psychiatric treatment.

Acknowledgments: None.

Conflict of interest: None to declare.

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