

COMMENTARY

Pharmacologically induced/exacerbated restless legs syndrome, periodic limb movements of sleep, and REM sleep behavior disorder: a worthwhile consideration

Commentary on Hoque R, Chesson AL Jr. Pharmacologically induced/exacerbated restless legs syndrome, periodic limb movements of sleep, and REM behavior disorder/REM sleep without atonia: literature review, qualitative scoring, and comparative analysis. *J Clin Sleep Med*. 2010;6(1):79–83. doi:10.5664/jcsm.27716

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During my sleep medicine fellowship training, my fellowship director, Andrew Chesson, repeatedly emphasized the importance of assessing for pharmacologically induced or exacerbated sleep disorders as part of a complete sleep medicine evaluation. A number of antidepressants and antipsychotics have the potential to induce or exacerbate restless legs syndrome (RLS), periodic limb movements of sleep (PLMS), and rapid eye movement (REM) sleep behavior disorder (RBD)/REM sleep without atonia (RSWA); but in 2009, a comprehensive review was absent. The literature assessment published in 2010 by Hoque and Chesson in the *Journal of Clinical Sleep Medicine* was an attempt to address this void.¹

In the literature review, given the lack of controlled or uncontrolled randomized trials, qualitative literature scoring systems were created and implemented to evaluate the available evidence, which included the following: 32 RLS articles (31 peer-reviewed papers, 1 abstract); 6 PLMS articles (5 peer-reviewed papers, 1 abstract), and 15 RBD/RSWA articles (13 peer-reviewed papers, 2 abstracts). Primarily based on RLS response to reduction/cessation of offending medication, strong evidence for drug-induced/exacerbated RLS was noted for escitalopram and fluoxetine. As opposed to RLS, assessing changes in PLMS or RBD/RSWA in trials of offending medication is a financial challenge, since PLMS and RBD/RSWA are in-laboratory polysomnography-dependent diagnoses. Therefore, unsurprisingly, none of the PLMS articles and only 1 RBD/RSWA article had repeat polysomnography off medication.

Since its 2010 publication in the journal, this article has been referenced in over 200 articles/chapters, including studies of secondary RBD,² antidepressant increase in REM sleep muscle tone in patients with and without RBD,³ and antidepressant influence on PLMS⁴; reviews of antidepressants and antipsychotic drugs⁵ and parasomnia neurotherapeutics⁶; and consensus statements for parasomnia treatment⁷ and International Restless Legs Syndrome Study Group diagnostic criteria.⁸ For those of us who treat patients with difficult-to-control

RLS or RBD, the need for continued research into these disorders is clear; and future therapeutic treatment trials will need to account for pharmacological induction/exacerbation of these conditions by medications the patient is already taking.

CITATION

Hoque R. Pharmacologically induced/exacerbated restless legs syndrome, periodic limb movements of sleep, and REM sleep behavior disorder: a worthwhile consideration. *J Clin Sleep Med*. 2020;16(suppl_1):13S–14S.

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