CURRENT TOPICS

Restless Legs Syndrome Negatively Impacts Worker Health and Safety

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Abstract: Restless legs syndrome (RLS) is a highly prevalent sleep disorder contributing to worker absenteeism, decline in productivity, and employer costs. Identification of workers at risk for RLS can contribute to improved worker sleep, safety, and quality of life.

Keywords: restless legs syndrome, sleep disorder

Although once thought to be a rare condition, as much as 10% of the adult population may experience restless legs syndrome (RLS; also known as Willis–Ekbom Disease). Many people with RLS also experience periodic limb movement disorder (involuntary leg twitching or jerking movements during sleep). While as many as half of cases are believed to have a genetic origin, others are associated with medication, underlying health conditions (e.g., vein disease, kidney failure, anemia, peripheral neuropathy), or unknown causes (National Sleep Foundation, n.d.).

While there is no universal definition of RLS, there is general agreement that it is characterized by an unpleasant tickling or twitching sensation in the leg muscles when sitting or lying down, which is relieved only by moving the legs. There is no laboratory test for diagnosing RLS; diagnoses are determined by review of symptoms. Usually starting in the lower legs, symptoms can spread to other parts of the body, such as the feet, chest, and arms. Symptoms are partially or totally relieved (temporarily) by moving, stretching, pacing, rocking, or shaking. Symptoms are exacerbated by rest (e.g., lying down, traveling in a car or plane, sitting through a movie) and worsen in the evening or night (National Sleep Foundation, n.d.).

Prior studies have reported that the RLS is associated with poor sleep, and is a common cause of lost workdays. Moreover, the sleep disruption cause by RLS has been associated with occupational injury, decreased productivity, and increased costs to employers in claims paid (Hägg, Torén, & Lindberg, 2015; Kessler et al., 2012). Moreover, having RLS negatively impacts quality of life, as RLS sufferers are more likely to report being tired, pessimistic, stressed, and angry (National Sleep Foundation, n.d.).

Several medications are used in the treatment of RLS. One class of drugs, dopamine receptor agonists, may cause augmentation (delayed exacerbation of symptoms). Some pharmaceuticals used to treat RLS are associated with daytime sleepiness, hallucinations, and nausea, which may also affect work attendance and performance. Other treatment approaches may include surgery or diet modification to address risk factors for RLS, such as anemia and lower extremity varicosities. Nonpharmacologic treatments may include reducing or eliminating caffeine and alcohol intake, physical activity (e.g., walking, stretching), bathing in hot or cold water, massage, acupressure, relaxation techniques, and sleep hygiene (Garcia-Borreguero, Cano-Pumarega, 2017). In addition, a commercially available vibrating pad has been Food and Drug Administration (FDA) approved for temporary symptom relief.

Known as the "most common disease one has never heard of" (Buchfuhrer, Hening, & Kushida, 2007), RLS is likely to affect workers, some of whom may benefit from treatment they are not receiving. Identification and referral of workers to specialists experienced in treating RLS can improve symptoms and quality of life, as well as worker safety. In addition, occupational health nurses may help by promoting the use of nonpharmacologic treatments, as well as exploring options for arranging the worker's schedule to be able to sleep and travel when symptoms are less severe, and advising the client on nonpharmacologic treatments that reduce symptoms and improve function. The National Sleep Foundation has a number of free resources on their website (https://sleepfoundation.org/) that occupational health nurses and their clients may find useful. Occupational health nurses can also coach their clients in educating their fellow co-workers about the condition to minimize social stigmatization that may occur from unusual symptom-relieving behaviors (e.g., standing, walking, and stretching during meetings) the workers with RLS may exhibit.

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