



RESTLESS LEGS SYNDROME MEDICATIONS

You have been prescribed a medication to help with your restless legs syndrome. Please review this summary of the list of commonly prescribed medications, that includes the one that you were prescribed.

1. **Dopamine agonists**- these are the first line medications prescribed for restless leg syndrome.
 - A. **Pramipexole (Mirapex)**: starting dose of 0.25 mg after the evening meal; may need to be advanced to a dose of 0.5-0.75 mg. Dosing time should be about 1 hour before symptoms generally occur.
 - B. **Ropinirole (Requip)**: starting dose of 0.25 mg after the evening meal; may need to be advanced to dose of 1-2 mg. Dosing time should be about 1 hour before symptoms generally occur.
 - C. **Rotigotine (Neupro patch)**: starting dose is a 1 mg patch once a day and may be advanced to a 2 mg or 3 mg patch if needed.

These medications are prone to drowsiness, nausea, and dizziness. They also can rarely cause impulsive behavior and must be quickly weaned off if **impulsive** gambling or spending is encountered. All of these medications are over time susceptible to lose their effectiveness and actually many years in future may cause worsening symptoms. This phenomenon is known as “augmentation”. If this occurs, you will need to be changed to an alternative medication and as such you should contact your clinician immediately.

2. **Gabapentin**: usually reserved for patients who have neuropathy type symptoms or who did not respond to *OR* had adverse reaction to dopamine agonists. The starting dose of the medication is usually 200-300 mg in the evening and may be advanced to doses as high as 1200 mg. The medication can also cause drowsiness, nausea, and should not be abruptly discontinued. Other related medications in the same class include **Lyrica and Horizant**.
3. **Opiates (narcotics)**: usually reserved for severe symptoms when the above classes have not been effective. Also can be helpful in patients with augmentation in a short-term fashion.
4. **Benzodiazepines**: such as clonazepam (Klonopin) can also be used when classes 1 and 2 alone are not adequate.

Please call immediately if developing any problems on these medications. Remember that the ideal dose is the lowest dose that controls symptoms. If any of these medications are newly initiated, please call our office within 2-3 weeks to let one of our clinicians know how effective the medication is so that we are aware of this before the next office visit.

PCCAB Sleep Team

410-832-3400, Press Option 4 General Questions