A Proposal for the Classification of Restless Legs Syndrome

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There is ongoing discussion concerning our understanding of the restless legs syndrome (RLS). Key questions that need to be answered are the following:

a) If a patient presents with all four essential diagnostic criteria[1], does this imply a "diagnosis" of a RLS? If not, what additional criteria must be present for a "diagnosis" of RLS?
b) Is there a need to discriminate different forms of RLS? Examples for criteria are:
   * Frequency of symptoms: episodic/sporadic – intermittent – persistent RLS?
   * Severity of symptoms: mild – moderate – severe
   * Relevance of symptoms: tolerable – clinically relevant
c) When is there a need to treat RLS?

In this presentation we propose to assign a "diagnosis" of RLS to a patient only if in addition to the essential diagnostic criteria, non-subjective criteria are confirmed (for example, an increased number of periodic limb movements [PLM], or a response to dopaminergics). Furthermore, we propose a classification model, which includes frequency and relevance of symptoms (impaired quality of life or activities of daily living) and leads to the description of "mild", "moderate" and "major" RLS. This model follows similar approaches in the classification of depressive disorders. Consequences for commencing a drug treatment are derived.

Advantages are considered to outweigh the disadvantages of a classification of RLS.

References
Allen RP, Picchietti D, Hening WA, Trenkwalder C, Walters AS, Montplaisir J. Restless legs syndrome: diagnostic criteria, special considerations, and epidemiology. A report from the restless legs syndrome diagnosis and epidemiology workshop at the National Institutes of Health. Sleep Med 2003;4(2):101-119.