

OPIOID TREATMENT OF PATIENTS WITH PAINFUL VERSUS PAINLESS RESTLESS LEGS SYNDROME

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Introduction: Recent studies characterized a clinically more severe and painful (compared to painless) form of restless legs syndrome (RLS). Data comparing pharmacological treatments in patients with painful and painless RLS are scarce. The current study investigated long-term opioid treatment in patients with painful versus painless RLS.

Methods: Data were extracted from the National RLS Opioid Registry, an ongoing observational longitudinal study of adult patients with a confirmed diagnosis of RLS treated with opioids. Painful RLS classification was based on a “Yes/No” response to the question: “Would you consider your RLS to be painful?”. Baseline collected data included age, gender, ethnicity, body mass index, education, RLS family history, age at RLS onset, augmentation history, and International RLS Severity Scale (IRLS). Both RLS concomitant treatments (alpha-two-delta, $\alpha 2\delta$) ligands; dopaminergic agents, DA) and RLS opioid treatments with daily dose in morphine milligram equivalents (MME) were collected at baseline and after two years.

Results: Data for 447/500 initially enrolled RLS patients (146 painful and 301 painless RLS) were available after two years. Painful (versus painless) RLS patients were less frequently White (94.5% versus 98.3%; $P=0.0347$) and had more severe RLS symptoms at baseline (IRLS scores: 16.6 ± 10.0 versus 11.3 ± 9.1 ; $P< 0.0001$). Frequency of patients on concomitant DAs or $\alpha 2\delta$ ligands did not differ between the two subgroups at baseline or after two years. The mean daily opioid dose (MME) did not differ between the two subgroups at baseline or after two years. The frequency of patients with $MME \geq 50$ was higher in the painful RLS subgroup at baseline (27.4% versus 18.6%; $P=0.0338$) but not after two years. Painful RLS patients either increased or decreased opioid dose (65.1% versus 53.2%; $P=0.0170$) and more frequently switched, added, or discontinued opioids (25.3% versus 15.6%; $P= 0.0135$) after two years.

Conclusion: Whether the higher need for change in opioid dose or medication in patients with painful RLS is related to the severity of RLS and/or lack of efficacy remains to be determined.

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