Guidelines at-a-Glance

The Treatment of Restless Legs Syndrome and Periodic Limb Movement Disorder in Adults—An Update for 2012: Practice Parameters with an Evidence Based Systematic Review and Meta-Analyses

AASM LEVELS OF RECOMMENDATIONS

<table>
<thead>
<tr>
<th>OVERALL QUALITY OF EVIDENCE</th>
<th>HIGH</th>
<th>MODERATE</th>
<th>LOW</th>
<th>VERY LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits clearly outweigh harm/burden</td>
<td>Standard</td>
<td>Standard</td>
<td>Guideline</td>
<td>Option</td>
</tr>
<tr>
<td>Benefits closely balanced with harm/burden OR</td>
<td>Guideline</td>
<td>Guideline</td>
<td>Option</td>
<td>Option</td>
</tr>
<tr>
<td>Uncertainty in the estimates of benefit/harm/burden</td>
<td>Standard</td>
<td>Standard</td>
<td>Standard</td>
<td>Standard</td>
</tr>
<tr>
<td>Harm/burden clearly outweighs benefits</td>
<td>Standard</td>
<td>Standard</td>
<td>Standard</td>
<td>Standard</td>
</tr>
</tbody>
</table>

RECOMMENDATIONS FOR THERAPIES FOR RLS

4.2.1.1a Clinicians should treat patients with RLS with pramipexole. STANDARD ⊕⊕⊕⊕ B>H
4.2.1.2a Clinicians should treat patients with RLS with ropinirole. STANDARD ⊕⊕⊕⊕ B>H
4.2.1.3a Clinicians can treat RLS patients with levodopa with dopa decarboxylase inhibitor. GUIDELINE ⊕⊕⊕⊕ B=H
4.2.1.4a Clinicians should not treat RLS patients with pergolide because of the risks of heart valve damage. STANDARD ⊕⊕⊕⊕ H>b
4.2.1.4b Given the potential of side effects, including heart valve damage, clinicians can treat RLS patients with cabergoline only if other recommended agents have been tried first and failed, and close clinical follow-up is provided. GUIDELINE ⊕⊕⊕⊕ B=H
4.2.2a Clinicians can treat RLS patients with opioids. GUIDELINE ⊕⊕⊕ ⊥⊥⊥ ⊥⊥⊥ ⊥⊥⊥ B>H

ADAPTED FROM
Aurora RN; Kristo DA; Bista SR; Rowley JA; Zak RS; Casey KR; Lamm CI; Tracy SL; Rosenberg RS. The treatment of restless legs syndrome and periodic limb movement disorder in adults—an update for 2012: practice parameters with an evidence-based systematic review and meta-analyses. SLEEP 2012;35(8):1039-1062

QUALITY OF EVIDENCE
⊕⊕⊕⊕ High
⊕⊕⊕ Moderate
⊕⊕ Low
⊕⊝⊝⊝ Very Low

BENEFITS VERSUS HARMs
B>H Benefits outweigh harms
B=H Benefits approximately equal harms
B?H Uncertainty in the estimates of benefit/harm/burden
H>b Harms outweigh benefits

RECOMMENDATIONS FOR THERAPIES FOR RLS (CONTINUED)

4.2.3.1a Clinicians can treat patients with RLS with gabapentin enacarbil. GUIDELINE
⊕⊕⊕⊕ B?H

4.2.3.2a Clinicians may treat RLS patients with gabapentin. OPTION
⊕⊕⊝⊝ B?H

4.2.3.3a Clinicians may treat patients with RLS with pregabalin. OPTION
⊕⊕⊕⊝ B?H

4.2.3.4a Clinicians may treat RLS patients with carbamazepine. OPTION
⊕⊕⊝⊝ B=H

4.2.4a Clinicians may treat patients with RLS with clonidine. OPTION
⊕⊕⊝⊝ B?H

4.2.5a Clinicians may use supplemental iron to treat RLS patients with low ferritin levels. OPTION
⊕⊕⊝⊝ B?H

4.3.1* Clinicians may treat moderate-to-severe primary RLS. GUIDELINE
⊕⊕⊕⊕ B?H

* Refer to the Update to the AASM Clinical Practice Guideline: “The Treatment of Restless Legs Syndrome and Periodic Limb Movement Disorder in Adults—An Update for 2012: Practice Parameters with an Evidence-Based Systematic Review and Meta-Analyses”

RECOMMENDATIONS FOR THERAPIES FOR PLMD

5.0a There is insufficient evidence at present to comment on the use of pharmacological therapy in patients diagnosed with PLMD alone. NO RECOMMENDATION (INSUFFICIENT EVIDENCE)