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LETTER TO THE EDITOR

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Exacerbation of restless legs syndrome presenting as a psychiatric emergency

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Sir,

We read with great interest the case descriptions by Mehta *et al.* [1] and Manconi and Fulda [2] and appreciated the highlight on restless legs syndrome (RLS) as a clinical manifestation in emergency. We report a similar, although less dramatic, case. We evaluated in the emergency department a 60-year-old male referred for severe worsening of RLS lasting continuously for 2 days and leading to severe insomnia and leg restlessness. The patient had a history of bipolar depression and impulse control disorder and was treated with valproate 900 mg/day. RLS symptoms started 2 years before but, since they were mild and sporadic, no treatment was suggested.

Owing to severe insomnia and worsening of depressive symptoms, mirtazapine 30 mg at bedtime was added. Immediately after, RLS symptoms dramatically worsened. On the second night, pramipexole 0.25 mg in the evening was started with no benefit. In the third afternoon the patient came to the emergency department with severe agitation and restlessness, being unable to sit down without moving. We immediately decided to stop mirtazapine and, due to the anxiety symptoms and previous psychiatric history, we preferred not to use high dosage dopamine agonists and shifted the treatment to tramadol 25 mg and gabapentin 300 mg. The patient refused to be admitted into our ward. However, the next morning he reported an impressive improvement of the symptoms. In the first month, tramadol was gradually discontinued and gabapentin was increased to 600 mg/day. After more than 4 years of follow-up, RLS and bipolar symptoms appear still controlled with gabapentin 600 mg in the evening, valproate CR 300 mg TID and imipramine 12.5 mg TID.

This case report is a further example of how RLS could become a real emergency. A drug-related worsening, or occurrence, of RLS symptoms should always be considered in the differential diagnosis of agitation. In this case, although psychiatric history and symptoms of anxiety were confounding factors, correct identification of RLS symptoms (both during the previous years and currently) together with a recent change in antidepressant therapy led to the correct diagnosis. The successful treatment was based on therapy with alpha-delta ligand, but probably even more so on the discontinuation of mirtazapine. It should be underlined that mirtazapine has the highest risk for RLS among second-generation antidepressants [3], typically within the first week, and provokes periodic limb movements even in healthy subjects [4]. However, a similar case report had been described with citalopram [5].

Thus, we would suggest that a list of contraindicated drugs should be diffused to general practitioners, other specialists and also to patients to help the correct treatment of comorbidities in RLS.

References

1. Mehta SH, Dees DD, Morgan JC, Sethi KD. Severe exacerbation of undiagnosed restless legs syndrome presenting as a movement disorder emergency. *Eur J Neurol* 2013; **20:** e35.
2. Manconi M, Fulda S. Restless legs syndrome in the emergency room. *Eur J Neurol* 2013; **20:** e36.
3. Rottach KG, Schaner BM, Kirch MH, *et al.* Restless legs syndrome as side effect of second generation antidepressants. *J Psychiatr Res* 2008; **43:** 70–75.
4. Fulda S, Kloiber S, Dose T, *et al.* Mirtazapine provokes periodic leg movements during sleep in young healthy men. *Sleep* 2013; http://www.journalsleep.org/AcceptedPapers/P-319-12.pdf (accessed 25/03/2013).
5. Perroud N, Lazignac C, Baleydier B, Cicotti A, Maris S, Damsa C. Restless legs syndrome induced by citalopram: a psychiatric emergency? *Gen Hosp Psychiatry* 2007; **29:** 72–74.