

ABSTRACT POSTER

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TIPOLOGIA: ABSTRACT

ARGOMENTO: Casi clinici e varie

TITOLO: Restless Legs Syndrome: therapeutic role of Vitamin D

INTRODUCTION: Restless Legs Syndrome (RLS) occurs most often in middle-aged and older adults. Its prevalence is 10%. RLS was already described by Thomas Willis in 17th century. The cause is not known in most patients. Essential diagnostic criteria are: 1. The urge to move legs usually but not always accompanied by unpleasant sensations in the legs 2. The urge to move legs accompanying unpleasant sensations begin or worsen during periods of rest or inactivity 3. The urge to move the legs are partially or totally relieved by movement 4. Symptoms occur or are worse in the evening or night than during the day 5. The occurrence of the above features are not solely accounted for as symptoms primary to another medical or a behavioral condition (e.g., myalgia, venous stasis, leg edema, arthritis, leg cramps, positional discomfort, habitual foot tapping).

METHODS: We studied 20 patients with RLS not associated to anemia, low ferritin level, chronic renal failure, peripheral neuropathy or psychiatric disease. They all showed 25-OH-Vitamin D severe deficiency (<10ng/ml) and normal calcium values. 60% of them were taking chronic therapy with dopamine-agonist (pramipexole or ropinirole) or anxiolytic, with no benefit. We treated them with Vitamin D supplementation.

RESULTS: We found that 90% of our patients referred partial or total improvement in symptomatology after Vitamin D level normalization. This occurred after about 8 months after starting therapy.

CONCLUSIONS: Long time response after starting therapy associated with its efficacy may suggest that genomic action of Vitamin D is related to many metabolic and hormonal actions. Indeed its nuclear receptor is shared to hormones such as cortisol, progesterone, estradiol, T3, testosterone and retinoic acid. Vitamin D may play a key role not just in phosphocalcic metabolism but also in other metabolic, autoimmune and hormonal disease.