In RLS, Depression Severity Key When Treating Both

BY SHARON WORCESTER
Southeast Bureau

SALT LAKE CITY — Depression severity is a key factor in determining how to treat comorbid depression and restless legs syndrome, John Winkelman said at the annual meeting of the Associated Professional Sleep Societies.

The two conditions frequently occur together, and often it is unclear which is primary. Further complicating the matter of treatment is the fact that therapies for the two can be conflicting; for example, SSRIs frequently used to treat depression have been shown to exacerbate RLS symptoms, said Dr. Winkelman, associate director of the Sleep Disorders Program at Brigham and Women's Hospital, Boston.

The RLS symptoms should be treated short term, because “the last thing a person with depression needs is to be up walking at night [as a result of RLS symptoms] and getting more and more agitated,” said Dr. Winkelman, also of Harvard Medical School, Boston.

In patients with mild depression and RLS, treat the RLS first and see if the depressive symptoms improve, he suggested.

Given that about 10% of the U.S. population is on an antidepressant, it is likely that patients with RLS will present already on an SSRI for depression; in these cases, consider switching the patient to another drug, he said.

Another important factor to consider is whether patients with comorbid depression and RLS is the effects of sleep quality and quantity on depression and RLS.

Drowsiness and mortality that can be associated with severe depression take precedence when it comes to initiating treatment. In patients presenting with untreated severe depression and RLS, treat the depression first. If possible, avoid SSRIs and try a nonserotonergic antidepressant such as bupropion instead, he advised.

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