



## Restless leg syndrome: Does geographic area have any effect on prevalence?

*Huzursuz bacak sendromu: Coğrafi alanın prevalans üzerine herhangi bir etkisi var mıdır?*

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Dear Editor,

We read with great interest the article by Tekdos Demircioğlu et al. entitled “Relationship between restless leg syndrome and quality of life in uremic patients,” published in your esteemed journal.<sup>[1]</sup> They evaluated the prevalence of restless leg syndrome (RLS) and its relationship to quality of life, sociodemographic data and laboratory data in 118 hemodialysis (HD) patients.

Tekdos Demircioğlu et al. found that the prevalence of RLS among patients undergoing HD was high (41%).<sup>[1]</sup> In addition, a review article noted the prevalence of “uremic RLS” was approximately 30% in end-stage renal disease (ESRD) patients.<sup>[2]</sup> However, its prevalence in this group ranged between 6.6% and 80% in various reports.<sup>[3–5]</sup> Based on the International RLS Study Group (IRLSSG) criteria, an RLS prevalence of 33% has been reported in ESRD patients, which is greater than the normal population (3%–15%);<sup>[6,7]</sup> however, a study in Singapore showed lower prevalence in normal Asian population (0.1%–0.6%).<sup>[8]</sup> Another study showed a significant difference in prevalence of RLS in Caucasians vs African-Americans (68% vs 48%).<sup>[9]</sup> We have observed a prevalence rate of 31.7% in Iran.<sup>[10]</sup> Thus, it seems this variation in prevalence may be due to geographic and racial differences, as well as diversity in lifestyle and in criteria, and physicians’ experience diagnosing RLS.

It is of interest that there was no correlation between RLS, demographic characteristics, and anemia in the

Demircioğlu et al. study.<sup>[1]</sup> We also found no significant relationship between them in our study of 397 HD patients.<sup>[10]</sup> We did find a significant correlation between endocrine glandular disorders and antihypertensive drugs ( $p=0.03$  and  $p=0.01$ , respectively) with RLS, which Demircioğlu et al. did not look at in their study.<sup>[1]</sup>

Several studies have demonstrated indicative association between RLS and higher risk of nocturnal hypertension, heart disease and stroke, as well as association with other sleep disturbances that could lead to anxiety and depression.<sup>[11]</sup> It can be concluded that the higher level of antihypertensive drugs in patients with RLS may be related to sleep disorders secondary to RLS, which lead to hypertension.

Finally, RLS is a common disorder in HD patients that affects sleep quality and quality of life; physicians must also consider it in ESRD patients.

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