



PIC QUESTION OF THE WEEK: 02/14/05

Q: A 60-year-old woman presented the pharmacist a prescription for Permax®. Questioning revealed the patient was not suffering from Parkinson's disease, but had a diagnosis of restless legs syndrome. What is the rationale for using pergolide (Permax®) in this condition?

A: Features of restless legs syndrome (RLS) include a creeping (“like ants marching in my legs”) sensation deep in the legs while at rest that is usually alleviated by activity. Motor restlessness may develop and worsening of nighttime symptoms can result in persistent insomnia. This disease can be classified as primary or secondary. Secondary etiologies include iron deficiency, diabetes, uremia, pregnancy, Parkinson's disease, or peripheral neuropathy. Treatment of the secondary condition usually results in improvement of RLS symptoms. Primary disease may be genetically based and can occur from childhood to late adulthood. The mean onset of disease is 27 years. The mechanism of RLS appears to be related to either lower CNS levels of or reduced responsiveness to dopamine. Pergolide is a long acting ergoline dopamine agonist. Although not approved by the FDA for RLS, dopamine agonists have been considered first line treatment for this disorder. Dopamine agonists include agents such as pergolide, ropinirole (Requip®), and pramipexole (Mirapex®). Anticonvulsants, levodopa, benzodiazepines, opioids, and clonidine are alternative agents that may be beneficial. Combination therapy with a dopamine agonist and either an anticonvulsant or a benzodiazepine is often necessary in patients with intractable RLS. Drugs that can cause or exacerbate symptoms of RLS include metoclopramide, lithium, tricyclic antidepressants, SSRIs, and antihistamines. Non-drug measures such as elimination of caffeine, alcohol, and nicotine, mild to moderate exercise, and regular sleep schedules may be useful in decreasing the symptoms of RLS.

References:

- Earley C. Restless legs syndrome. *N Engl J Med* 2003;348:2103-9.
- Schapira A. Restless legs syndrome: an update on treatment options. *Drugs* 2004; 64:149-58.

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