

RESTLESS LEGS SYNDROME

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If you often feel discomfort in your legs and have an almost irresistible urge to move around, you may have a little-known condition called restless legs syndrome (RLS).

The syndrome is characterized by a desire to move, which becomes progressively worse if you remain seated or at rest for a long time or during sleep. The feeling eases when you move. The symptoms tend to manifest in people aged between 40 and 50 and increase with age. A few rare cases have been reported in children.

RLS first manifests between ages 40 and 50 and affects 10% of the population

Although RLS is not a serious condition, it can have a significant impact on the quality of life of sufferers. It prevents them from sleeping or wakes them up in the middle of the night, thereby resulting in tiredness, decreased concentration and productivity as well as anxiety. In some cases, the desire to move even impacts lifestyle: people with this condition prefer to avoid

situations in which they have to remain seated for long periods, such as meetings or movies, and avoid travelling. No-one wants to explain why they need to walk around every half hour.

RLS must not be confused with periodic leg movements in sleep (PLMS). Unfortunately, the two conditions are frequently confused, as almost 80% of people suffering from RLS also have PLMS. RLS sufferers feel the urge to move while they are both awake and asleep; periodic leg movements are involuntary and happen only during sleep. It is estimated that only 20% of people with PLMS also have RLS. Severe PLMS further decreases the quality of sleep, which is already restless as a result of RLS.

The causes of primary RLS have not yet been clearly established, however, the genetic link is undeniable: it has been found to run in families in approximately 50% of cases. Research points to a dysfunction in the metabolism and storage of iron in certain parts of the brain and the impact of this dysfunction on the circulation of neurotransmitters (molecules that link the neurons).



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Although primary RLS (cause unknown) is the most common form, it is sometimes secondary to certain conditions:

- ☒ Anemia, as a result of iron deficiency;
- ☒ Kidney failure;
- ☒ Pregnancy.

Some current drugs and substances may also cause or aggravate RLS:

- ☒ Anti-nausea medications;
- ☒ Allergy medications;
- ☒ Antidepressants;
- ☒ Caffeine, nicotine and alcohol.

You should contact your doctor if you think you have restless legs syndrome. If it is a secondary syndrome, it may disappear once the underlying cause is found and treated. If it is a primary syndrome, there are well-tolerated drugs that can relieve the symptoms significantly and improve quality of life.

☒ **FOR MORE INFORMATION**
Mayo Clinic: www.mayoclinic.com, *Restless Legs Syndrome* under *Diseases and Conditions*.

HEALTH BULLETIN

Assistance Program



Summer 2010

PREVENTION

BEWARE OF MOSQUITOES

Source: Health Canada

Mosquito bites can lead to a range of diseases, such as West Nile virus, Lyme disease and, in tropical countries, malaria.

There are four approved insect repellents in Canada: DEET, p-Menthane-3,8-diol, soybean oil and citronella. They provide effective protection against mosquitoes, blackflies and ticks but have no effect on bees and wasps.

Use only products labelled *insect repellents* (which repel insects); never use *insecticides* (which kill insects).

Registered products

DEET: This is the best known product for effectiveness. The higher the DEET concentration, the longer the protection provided. Health Canada's approval has been supported by the Canadian Paediatric Society. As this product is still toxic, repeat the application only if you need longer protection and, most importantly, follow the application instructions.

Avoid prolonged use of DEET on children under the age of 12 and never use it on babies under six months of age. Instead, cover the baby or use a mosquito net. Pregnant women should opt for long, light clothing for protection; they may, however, use DEET-based products after the first trimester of pregnancy.

p-Menthane-3,8-diol: This substance extracted from lemon eucalyptus provides two hours of protection against

mosquitoes. It should not be used on children under the age of three.

Soybean oil: Soybean-oil-based insect repellents are less toxic but as effective as 10% DEET. They are therefore appropriate for use on children. The product must contain at least 2% soybean oil to provide 3½ hours of protection against mosquitoes and up to eight hours of protection against blackflies.

Citronella: Citronella is no longer a registered insect repellent, as Health Canada has deemed the safety data to be insufficient. However, it is still available on the market because no imminent health risks have been identified.

Citronella provides 30 minutes to two hours of protection against mosquitoes. It should not be used on infants and toddlers and the number of applications allowed per day varies from product to product.

Sunscreen first, insect repellent second

If you are out walking, you are exposed to the sun. It is important to apply sunscreen first, wait a few minutes and then apply insect repellent.

Avoid products that claim to protect against both the sun and insects; they tend to be much less effective. Opt for separate products that really meet your needs.



	Maximum recommended concentration	Applications per day	Duration of protection
DEET			
Children aged 6 months to 2 years	5%	1	2 hours
Children aged 2 to 12 years	10%	2 to 3	3 hours
Over 12 years	30%	2 to 3	6 hours
p-Menthane-3,8-diol			
3 years and over	10%	1 to 2	2 hours (mosquitoes)

☒ **FOR MORE INFORMATION**
Health Canada: www.hc-sc.gc.ca/index-eng.php, enter "repellents" in the search tool.

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OVERCONSUMPTION OF SODIUM: NOT TO BE TAKEN WITH A GRAIN OF SALT!

Nathalie Jobin, PhD, DtP, Director, Extenso www.extenso.org

One adult Canadian in five is hypertensive and 90% of Canadians will develop high blood pressure in their lifetime. High blood pressure, which is one of the risk factors for heart attacks and fatal strokes, is worse than smoking, high cholesterol or obesity. And the main culprit is...too much salt. Salt is found in everything and is used in excess quantities in processed and prepared foods found in grocery stores.

Hypertension is the leading cause of death worldwide

We all eat too much salt

Although the recommended daily intake of salt for adults is approximately 1,500 mg, not exceeding 2,300 mg, and 1,900 mg for children, Canadians consume an average of 3,500 mg of sodium a day. Men aged 14 to 30 consume even more than 4,000 mg, approximately three times the recommended intake!

We all have to cut back on our salt intake

Sodium causes long-term damage to the body, so we have to act now. Cutting back on sodium intake not only decreases the risk of hypertension, it also lowers the risk of heart attack, stroke and other cardiovascular conditions. For people with slightly elevated blood pressure, cutting back on salt will reduce the risk of heart disease.

Concrete steps to take

Read food labels

Check the list of nutritional values and find the amount of sodium expressed as a percentage of the daily value. Compare products and opt for those that have a low percentage of sodium. Don't forget to check the portion size indicated. You'll have to increase the percentage if you consume more than the portion measured!

80% of the salt we eat is found in canned and processed foods



Make your own meals

Avoiding prepared meals, processed food and fast foods is the best way to avoid consuming excessive quantities of salt added by the industry. Cook your own fresh and unprocessed foods.

- ☒ When cooking, opt for pepper, fine herbs, spices, garlic or lemon juice to bring out the flavour of your meals.
- ☒ When eating, use moderate amounts of salt. Taste the food before adding salt.

What to buy when shopping

As much as possible, opt for low-sodium items:

- ☒ Low-sodium vegetable juices, soy sauces and tamari sauce;
- ☒ No-salt or low-sodium store-bought broths;
- ☒ Unsalted nuts and peanuts;
- ☒ Bulk porridge rather than instant porridge in packets.

Lastly, rinse canned vegetables and legumes thoroughly before eating.

Concerned about bland food?

Don't worry, that's only temporary. It takes only a few weeks for the taste buds to adapt to the taste of low-sodium foods. Food may appear bland to begin with but it will soon begin to taste good again...without the salt!

☒ **FOR MORE INFORMATION**
Heart and Stroke Foundation:
www.heartandstroke.qc.ca.
Enter "salt" in the search tool.

DENTAL SEALANTS: A PROVEN PREVENTIVE MEASURE

Canadian Dental Association



Applying sealants

The procedure is painless and is carried out in five stages:

- ☒ The tooth is cleaned to remove any plaque present;
- ☒ If necessary, the softened enamel (beginning of tooth decay) is removed from the grooves;
- ☒ An acidic solution is applied for 30 seconds to make the enamel porous; this will ensure that the sealant bonds properly;
- ☒ The tooth is rinsed and dried using a blast of air;
- ☒ Liquid resin is applied to partially fill the grooves and then hardened using a blue light.

The chewing surface becomes smoother and is less likely to accumulate bacteria. This procedure also makes it easier to clean the teeth with a toothbrush.

☒ **FOR MORE INFORMATION**
Canadian Dental Association: www.cda-adc.ca/en, under Dental Care for Children.

Many studies have confirmed that dental sealants are an effective means of preventing tooth decay and, ultimately, painful and expensive treatments.

Among children, tooth decay tends to be found in the pits and grooves of the molars and premolars. The chewing surface of these teeth is uneven and promotes the accumulation of bits of food and the growth of bacteria.

Dental sealants seal these pits and grooves. They also create a barrier that prevents bacteria from accumulating and turning into plaque, which causes tooth decay.

Dental sealants can be applied to the molars and premolars of children aged 6 to 14, as well as on primary (baby) teeth that have deep grooves.

How long do sealants last?

Dental sealants last many years but may wear away over time. Your dentist should check the sealants each year and make any necessary adjustments.

Warning: Although sealants have been widely proven to be effective, they do not replace good daily dental hygiene.

Children up to the age of 6 must be supervised when brushing their teeth to ensure that they are using the correct technique and not using too much toothpaste. As soon as they are able, they must be taught how to use dental floss every day.

TIPS FROM THE NURSE HOW TO PREVENT CHOKING ACCIDENTS

When serving snacks and crudités – raw vegetables and other “finger food” – always bear in mind the possibility of choking.

Don't forget that the respiratory tracts can get blocked very quickly, especially in young children and older people who may have trouble chewing as a result of dental problems.

How to serve such food

- ☒ Cut up crudités, such as broccoli, carrots, celery, peppers and zucchini, length-wise;
- ☒ Cut hotdogs, sausages, large grapes and lychees both length- and width-wise;
- ☒ Sticky spreads make bread more difficult to swallow. Make sure you spread honey, jam, peanut butter and other spreads in a thin, even layer.

To learn about the signs of choking and what to do, contact the Canadian Red Cross for information on first-aid and cardiopulmonary resuscitation (CPR) courses.

☒ **FOR MORE INFORMATION**
Canadian Red Cross: www.redcross.ca or 514-362-2930.

