Is on-line HDF the best strategy for restless legs syndrome in dialysis patients?

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Introduction and aims

Restless legs syndrome (RLS) is caused by various etiologies, and it is one of the intractable complications in dialysis patients. Prevalence of RLS in dialysis patients has been reported to be from 12% to 62%. This is much higher compared to 3 to 9% in the general population.

In this study we performed on-line hemodiafiltration (HDF) to treat 7 dialysis patients with RLS. We reported herein that HDF with high removal performance of lowmolecular weight protein (LMWP) had a beneficial effect to treat RLS.

Methods

The study involved 131 patients undergoing hemodialysis (HD) or HDF at Hashimoto Clinic.

The diagnostic criteria of the International RLS Study Group were used to determine incidence of RLS.

For the dialysis patients with RLS, dialysis methods were changed and the effects of treatment and removal efficiency of the LMWP were examined.

Removal efficiency was evaluated by measuring Kt/V for Urea

 β_2 -microglobulin removal rate (β_2 -MG RR) α_1 -microglobulin removal rate (α_1 -MG RR)

The severity of RLS was evaluated by using the International Restless Legs Syndrome Rating Scale (IRLS)

IRLS score

mild: 1-10, moderate: 11-20, severe: 21-30, very severe: 31-40

Patients

Observation period : August 2011- July 2012 The prevalence of RLS in our clinic is 5.3% (7cases/131pts)

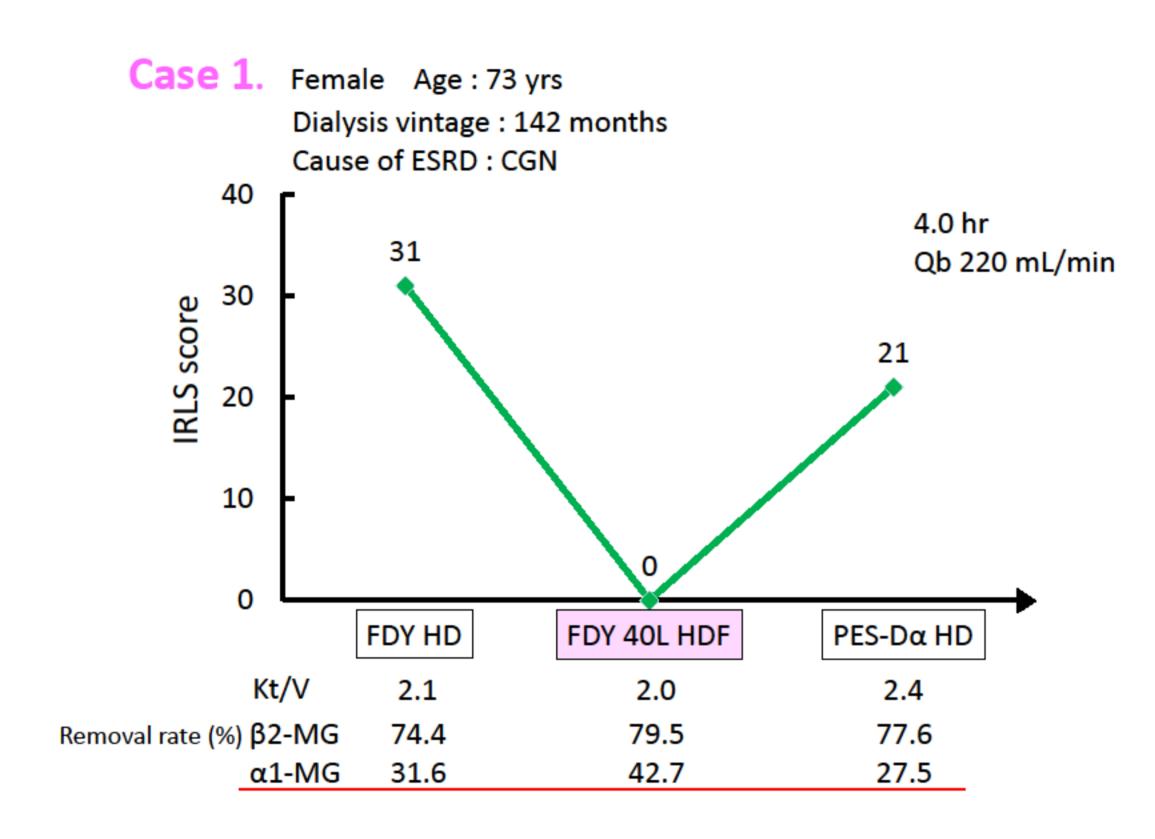
7 patients with RLS Age: 56.3 ± 13.5 years old Males/Females: 4/3

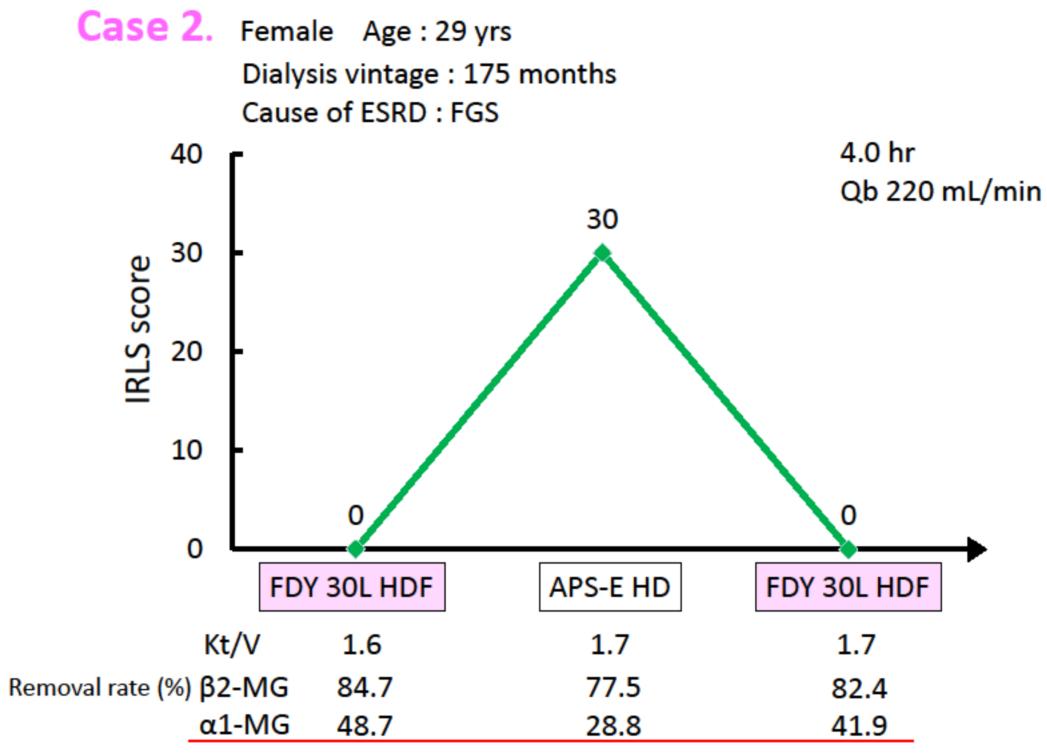
> Dialysis vintage: 150.4±84.8 months Cause of ESRD: CGN 2, DMN 2, PKD 2, FGS 1

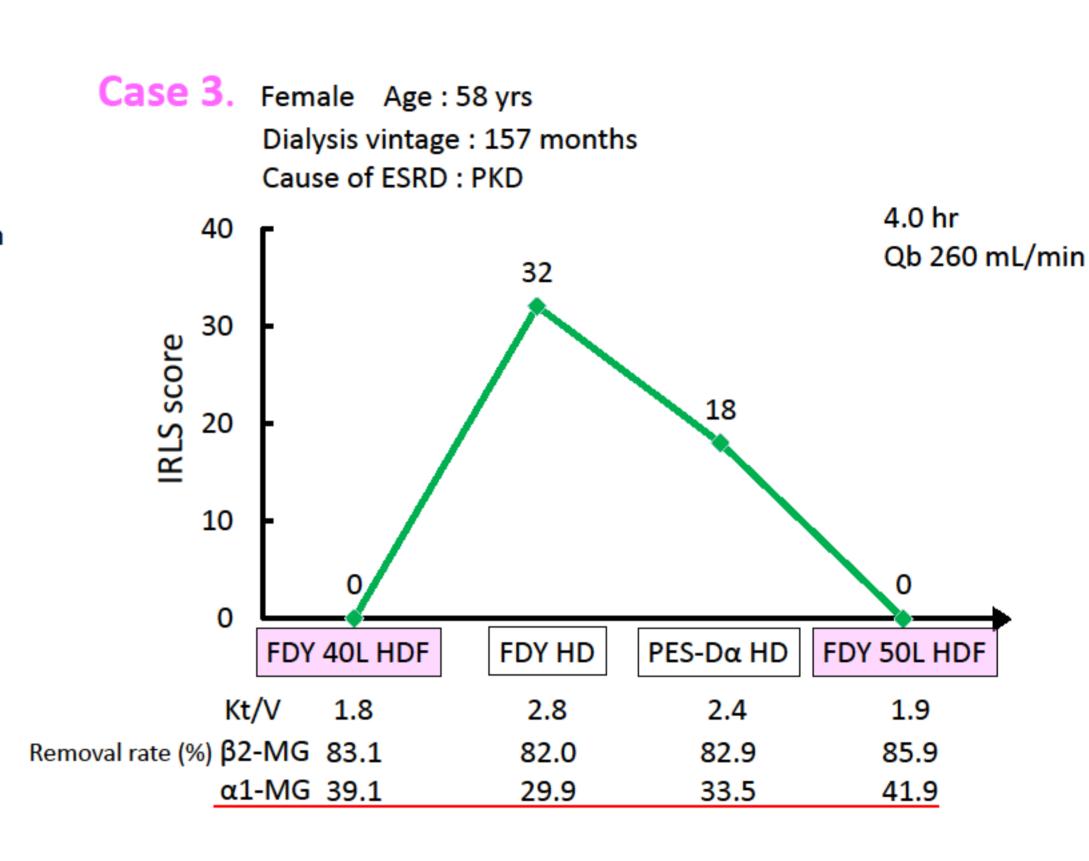
Serum level

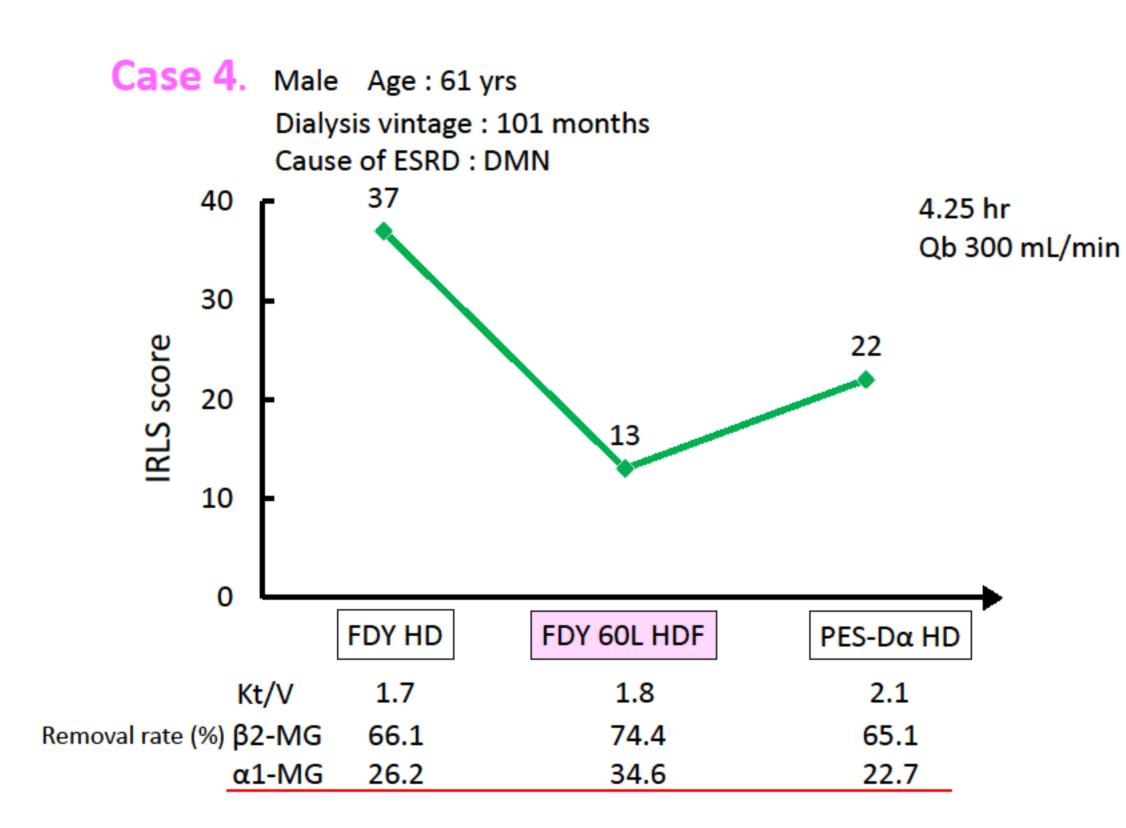
Iron (μg/dL): 71.6 ± 25.0 Ferritin (ng/dL): 114.4 ± 203.7 TSAT (%): 26.9 ± 12.2

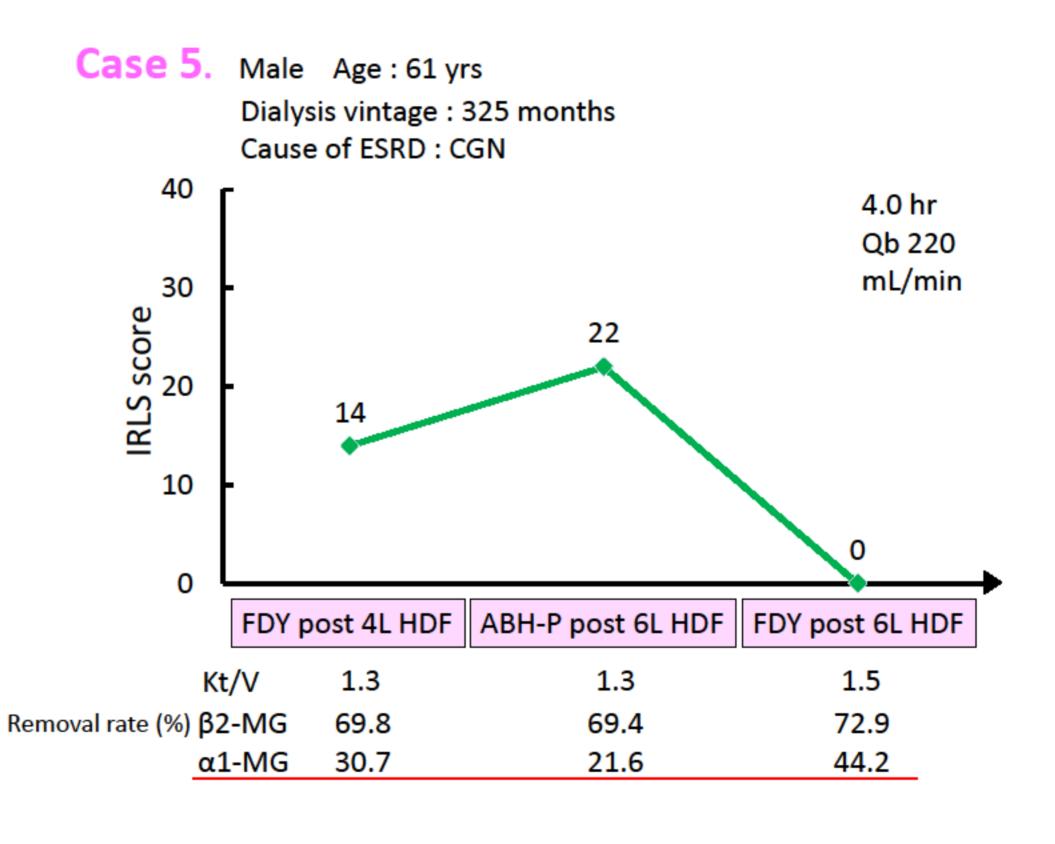
Results

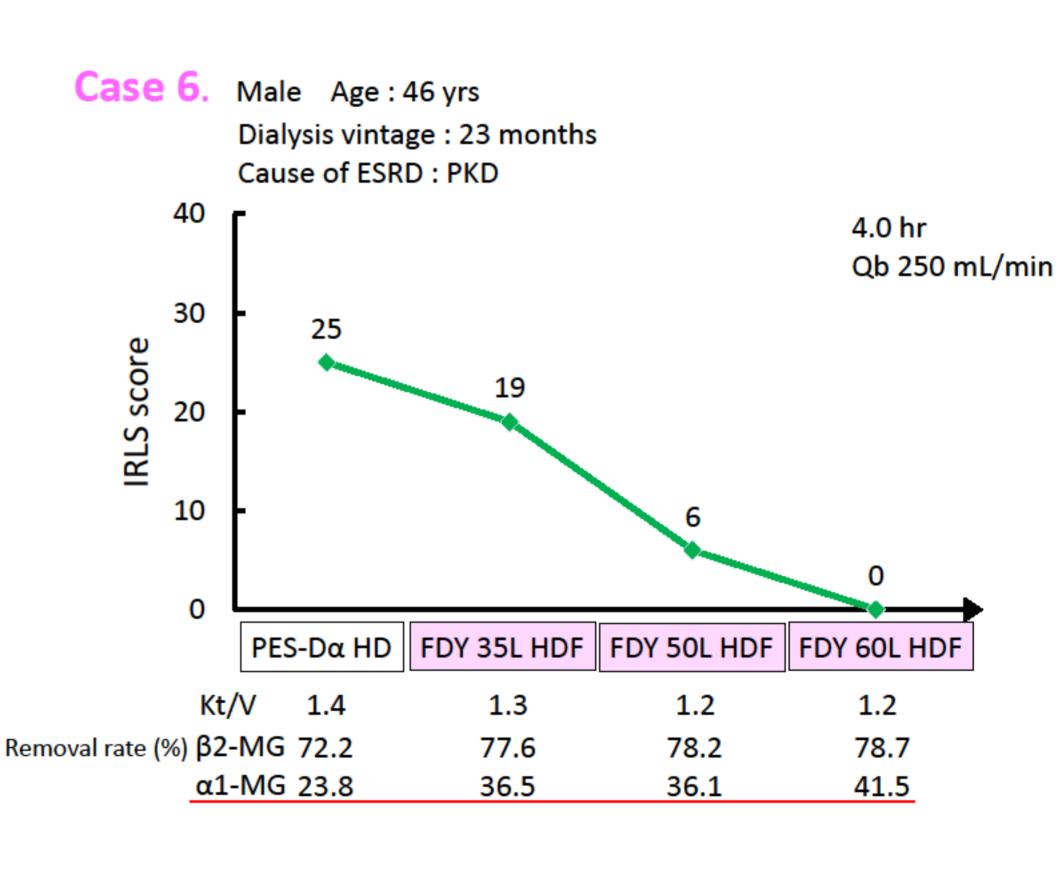


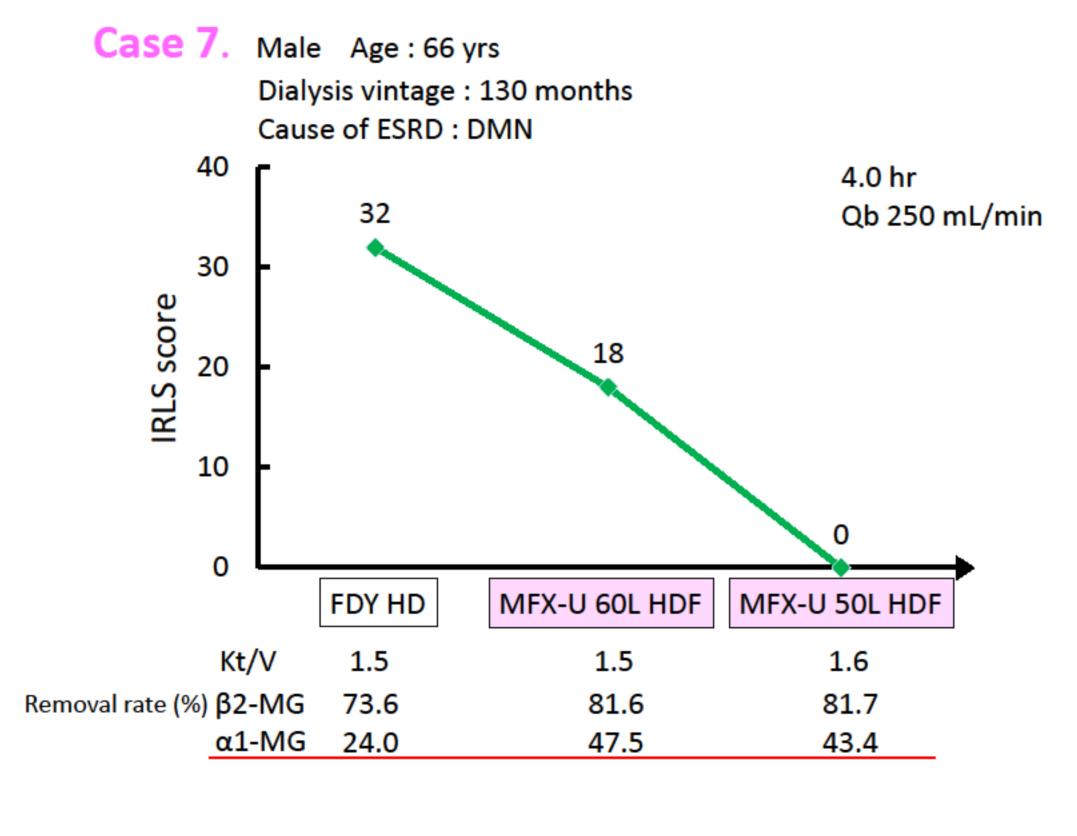


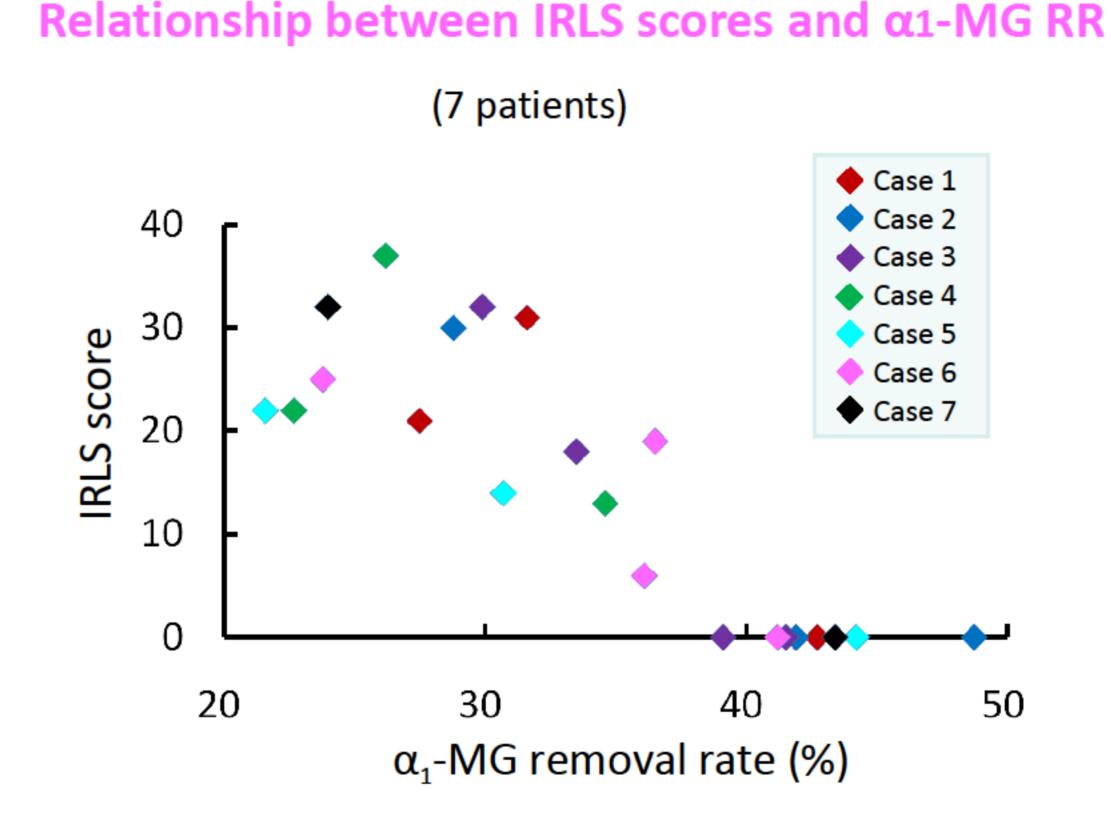












The α₁-MG removal rate and IRLS score during the course of treatment of 7 cases of restless legs syndrome are shown. Although the symptoms were alleviated up to α₁-MG removal rates of 35%, RLS was not cured, and an α_1 -MG removal rate of 38% or more was needed to cure RLS.

Relationship between solute removal and RLS

- 1. Both the onset and relief of RLS symptoms were strongly correlated with α₁-MG removal
- 2. RLS may occur at Kt/V of 2.0 or more
- 3. RLS may occur at β_2 -MG removal rate of 80%
- 4. RLS may occur at α_1 -MG removal rate of 30% 5. RLS can be cured at 40% or more of α_1 -MG removal rate

Discussion

Prevalence of RLS in dialysis patients of 12% to 62% have been reported, and the prevalence in our clinic is 5.3% (7/131).

The IRLS scores of the 7 patients in our clinic were negatively correlated with the α_1 -MG RRs.

RLS symptoms persisted when the α_1 -MG RR was under 35%, and resolved when the RR was 40% or more.

RLS symptoms can be alleviated by performing high-efficiency HDF, which provides an α_1 -MG RR of 35% more.

Conclusions

Setting dialysis condition removing uremic toxins with molecular weight of 30 kDa or more is important for the treatment of RLS.

Since setting this condition for on-line HDF is easy, it is the optimal strategy for treating RLS.







Kenji Sakurai