

## COMMONLY PRESCRIBED RLS MEDICATIONS

The drugs prescribed for RLS will depend on whether RLS is intermittent, chronic or refractory.

Some of the most commonly prescribed medications are listed below, accompanied by details of the recommended starting and average and maximum daily dosage and the expected half-life of the drug (how long a drug takes to lose half its strength) and possible side effects.

### MEDICATION CHARTS

These details are for information only, but we hope they will help you in making informed decisions.

#### Alpha 2 Delta Ligands

Name of Drug	Starting dose (Over 65)	Starting dose (Adult)	Usual Effective Dose	Maximum Recommended Dose	Elimination Half Life
Gabapentin *	100 mg	300 mg	1500-1800 mg	3600 mg	5 – 7 hours
Pregabalin	50 mg	75 mg	150 – 200 mg	450 mg	6 hours

\*Gabapentin is poorly absorbed above 600 mg so the dose should be split if above 600 mg and taken two hours apart. Magnesium affects absorption and should be taken two hours before Gabapentin.

## Opioids

<b>Name</b>	<b>Starting Total Daily Dose</b>	<b>Usual Effective Total Daily Dose</b>	<b>Maximum Recommended Daily Dose</b>	<b>Elimination Half Life</b>
Tramadol (Immediate release and E.R.)	50 – 100 mg	100 – 200 mg	200 mg	6 hours
Codeine	30 mg	60 – 180 mg	180 mg	1 – 3 hours
Morphine	10 – 15 mg	15 – 45 mg	45 mg	3 – 4 hours
Oxycodone (Immediate release and ER)	5 – 10 mg	10 – 30 mg	40 mg	3 – 5 hours
Dihydrocodeine	10 – 15 mg	20 – 45 mg	45 mg	2 – 3 hours
Buprenorphine	0.5 – 1 mg	0.5 – 6 mg	6 mg	25 hours
Methadone*	2.5 – 5mg	5 – 20 mg	20 mg	15 – 20 hours

\*Methadone is more commonly prescribed in the USA. However, it may prove very effective for Refractory RLS.

## **Dopamine Agonists**

Dopamine agonists are no longer the first line treatment in accordance with the Mayo Clinic Algorithm. This is because of the high rate of increase in severity of symptoms (Augmentation), and Impulse Control Disorder. If they are prescribed (due to contra-indications to other medications) the dose should be kept to a minimum and reviewed regularly for signs of Augmentation or Impulse Control Disorders.

Name	Starting Total Daily Dose	Usual Effective Daily Dose	Maximum Recommended Daily Dose	Elimination Half Life
Pramipexole	0.125mg	0.250 mg	0.5 mg	8 – 12 hours
Ropinirole	0.25 mg	1 mg	4 mg	6 hours
Rotigotine Patch	1 mg	2 mg	3 mg	Stable Plasma Levels during 24 hours (elimination half life bi-phasic, 3 hr & 6 hr)

\*Top RLS experts believe that the maximum approved doses are too high and that keeping the dose to the absolute minimum may delay augmentation. Neurologists familiar with treating Parkinson's Disease may over-prescribe and thus hasten augmentation.