

# 치료에도 불구하고 증상과 불면증의 악화되는 하지불안증후군: Augmentation



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## Worsening of Restlessness of Legs and Insomnia Despite the Treatment: Augmentation

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Dopaminergic agents have been used for the treatment of restless legs syndrome (RLS) for over 20 years. In that time, long-term efficacy has been well established and side effects are generally mild and transient compared with levodopa medication in Parkinson's disease. Basic characteristic of RLS augmentation reflects a worsening of RLS severity during dopaminergic treatment. It occurred in 73% of the patients and was severe enough to require a change of treatment in 50% of patients. Although this condition was first described in 1996, and is characterized by an overall increase in severity of RLS symptoms (including earlier onset of symptoms during the day, faster onset of symptoms when at rest, expansion to the upper limbs and trunk, and shorter duration of the treatment effect), precise diagnostic criteria were not established until 2003. These criteria have recently been updated to form a new definition of augmentation based on multicentric studies. The most characteristic feature of augmentation was that it was attributed to long-term treatment with L-DOPA and that the increase in symptom severity was beyond that seen at baseline, a feature that differentiated it both from rebound and from pharmacological tolerance. If augmentation occurs during treatment with a dopamine agonist, the dosage can be reduced and or split. Alternatively, the patient could be switched to opioids or gabapentin, depending on whether or not this is the first time that augmentation occurs, or whether it has happened previously under different dopaminergic substances. Another alternative to a complete discontinuation of the dopaminergic medication might be a combination therapy of low doses of the dopaminergic agent and a nondopaminergic agent such as gabapentin or an opiate.

**Key Words:** Restless legs syndrome, Augmentation, Dopaminergic

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