

Original Research Article

Restless leg syndrome in dormitory and its relationship with sleep quality.

Abstract

Introduction: Restless legs syndrome, is a widespread, chronic, multifactorial movement condition of the limbs in which patients have an insatiable need to move their legs.

It was linked to poor quality sleep among students. This study aim to explore The Relationship between them among health sciences students who live in dormitory.

Method: We conducted a Quantitative cross-sectional observation study by using a validated questionnaire targeting Health sciences students and compare to those who live in dormitory. Summary statistics for the data are presented in the form of numbers and percentages for categorical variables. A mean score for restless leg symptoms and quality of sleep was calculated. A higher score reflects severe symptoms or poor sleep quality.

IBM SPSS 26 for windows software was used for the analysis, and a P-value < 0.05 is considered statistically significant.

Results: A total of 148 students participated in this study. The highest percentage of participants are from the faculty of medicine (58.1%), while participants from other health sciences faculties ranged from 5.4% to 14.2%. 58.1% of the participants are living in the dorms.

The relationships between dormitory and restless leg syndrome average score and with sleep quality average score were studied using independent sample t test. the results showed no statistically significant difference between those living in the dorms and those outside the dorms in any of the scores. Even though the results showed no statistically significant difference between students of different faculties in the sleep quality score.

Conclusion:

There was no statistically significant difference regarding living in dorms, but there was a statistically significant difference regarding the faculties.

Introduction

Willis-Ekbom illness, often known as restless legs syndrome, is a widespread, chronic, multifactorial movement condition of the limbs in which patients have an insatiable need to move their legs. This is frequently linked to unusual, non-painful feelings that begin at rest and improve with movement. The symptoms get worse at night in a diurnal rhythm (Mansur, Castillo, & Bokhari, 2017). The symptoms get worse at night in a diurnal rhythm. Sleep disruption is linked to periodic leg movements of sleep, which are involuntary jerking movements of the legs that occur while sleeping (Mansur et al., 2017).

Restless legs syndrome can affect anywhere from 5% to 15% of the population. Restless legs syndrome is more common in those under the age of 45. Age ranges from infancy to more than 90 years. Women are more impacted than males. When compared to whites, African Americans are less likely to be harmed. Pregnant women in the range of 11% to 29% are impacted. It's three times more prevalent in pregnant women than it is in non-pregnant women, and it's more common in the third trimester (Prosperetti & Manconi, 2015). According to recent epidemiologic investigations of different nations, the incidence rate ranged from 3.9 to 15% of the general population (Ohayon, O'Hara, & Vitiello, 2012). Asians have a substantially lower incidence, ranging from 0.1 to 12 percent (Cho et al., 2009). The overall prevalence of RLS was 50.22% including 53.7% males and 46.3% females in King Abdulaziz Medical City-King Fahad National Guard Hospital (KAMC-KFNGH), Riyadh and King Faisal Specialist Hospital and Research Centre (KFHRC), Jeddah, Saudi Arabia (Kavanagh, Siddiqui, & Geddes, 2004).

In idiopathic restless legs syndrome, the dopaminergic system is disrupted, and iron reserves in certain brain areas are depleted. There may be an autosomal dominant inheritance; restless legs syndrome has been reported in multiple big families with various susceptibility loci. This shows that the illness has a hereditary foundation (Trenkwalder & Paulus, 2010). The pathogenesis of uremic restless legs syndrome may include calcium/phosphate imbalance, anemia, functional iron insufficiency, and subclinical peripheral nerve problems. Pre-eclampsia, a strong family history, low serum iron and ferritin levels, and high estrogen levels may all play a role in pregnancy (Hussein, 2008).

The disease's complications are confined to a reduction in quality of life owing to sleep disturbances and exhaustion. In most patients, the symptoms worsen over time and have a major

impact on their quality of life. Patients with RLS may develop additional sleep problems, such as insomnia and excessive daytime drowsiness, as a result of their restlessness. In its most severe forms, it develops into a chronic and debilitating illness that needs long-term therapy. Despite the fact that there is no cure for this illness, clinical therapy aims to treat the underlying causes and investigate various medications for symptomatic alleviation. Symptoms can be treated with a range of medications, including dopaminergic medicines, opioids, anticonvulsants, and sedative hypnotics (Allen et al., 2005). In general, the symptoms are milder in the mornings and worsen in the evenings and at night. The symptoms in some people are so severe that they are incapacitating, disrupting sleep, and causing daytime weariness. Restless leg syndrome individuals have been linked to hypertension, headaches, and sleep problems in studies. The majority of patients have a low quality of life.

In general, the symptoms are milder in the mornings and worsen in the evenings and at night. The symptoms in some people are so severe that they are incapacitating, disrupting sleep, and causing daytime weariness. Restless leg syndrome individuals have been linked to hypertension, headaches, and sleep problems in studies. The majority of patients have a low quality of life.

Methodology

Statistical analysis:

Summary statistics for the data are presented in the form of numbers and percentages for categorical variables. A mean score for restless leg symptoms and quality of sleep was calculated. A higher score reflects severe symptoms or poor sleep quality.

Comparison of the scores between different participants' groups was done using independent samples t test or one-way ANOVA. Chi square test was used to compare the percentage of having restless leg symptoms. The correlation between restless leg syndrome average score and sleep average score was studied using Pearson's correlation.

IBM SPSS 26 for windows software was used for the analysis, and a P-value < 0.05 is considered statistically significant.

Results:

Table 1: Descriptive Statistics of the participants

		Frequency	Percentage
Faculty	Medicine	86	58.1
	Pharmacy	8	5.4
	Nursing	16	10.8
	Dental	17	11.5
	Applied sciences	21	14.2
Living in Dorms	No	62	41.9
	yes	86	58.1

A total of 148 students participated in this study. The highest percentage of participants are from the faculty of medicine (58.1%), while participants from other faculties ranged from 5.4% to 14.2%. 58.1% of the participants are living in the dorms as presented in table 1.

Table 2: Severity, characteristics and effects of restless leg syndrome on the participants

		Severity of symptoms					
		None	Having symptoms	Mild	Moderate	Severe	Very severe
Over the past 7 days in general, how much discomfort does restless legs syndrome caused to your legs or arms?	%	54.7	45.3	26.4	8.8	6.8	3.4
Over the past 7 days in general, how often do you need to move because of your restless leg syndrome symptoms?	%	58.1	41.9	18.9	12.2	6.1	4.7
Over the past 7 days, how severe has your sleep been due to your restless legs syndrome symptoms?	%	83.1	16.9	8.1	4.1	3.4	1.4
During the past 7 days, how tired or sleepy have you been during the day due to your restless leg syndrome symptoms?	%	77.7	22.3	10.1	7.4	3.4	1.4
Over the past 7 days, how severe was your restless legs syndrome as a whole?	%	62.2	37.8	20.9	10.8	4.1	2.0
During the past 7 days, how frequently have you had restless legs syndrome symptoms?	%	50.0	50.0	31.8	9.5	3.4	5.4
During the past 7 days when I had restless legs symptoms, how severe were they on average?	%	54.1	45.9	31.8	4.7	7.4	2.0
During the past 7 days in general, how severe the impact of your restless legs syndrome symptoms on your ability has been to carry out your daily affairs, for example, to practice your family, home, social, academic, or professional life satisfactorily?	%	81.1	18.9	14.9	0.7	0.7	2.7
Over the past 7 days, how severe was your mood disturbance due to your restless leg syndrome symptoms - e.g., you were angry, depressed, sad, anxious, or irritable?	%	72.3	27.7	18.9	2.7	2.7	3.4

The answers of the participants regarding the severity, characteristics and effects of restless leg syndrome are presented in table 2 and figure 1.

Figure 1. Prevalence of symptoms of restless leg syndrome

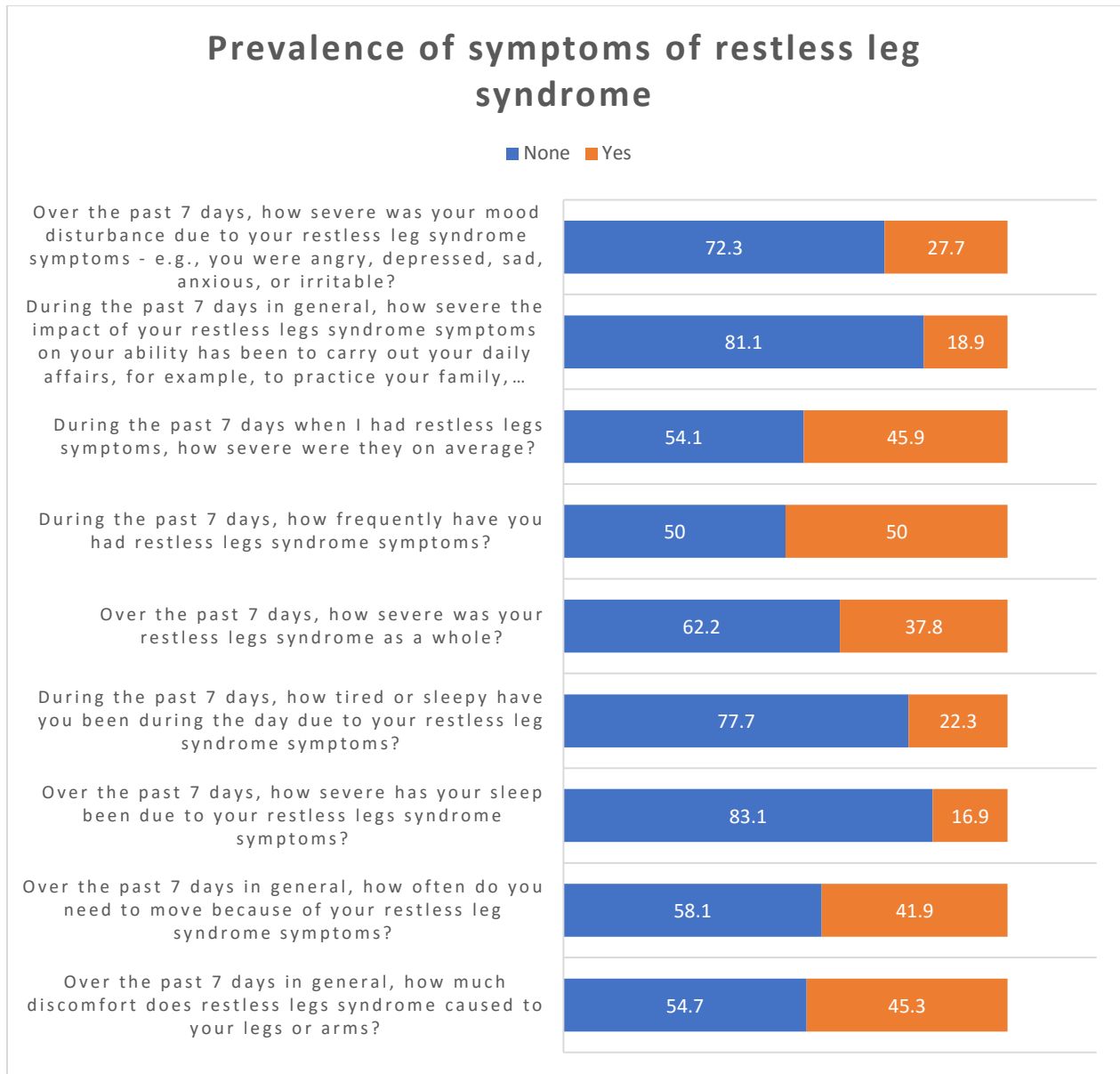
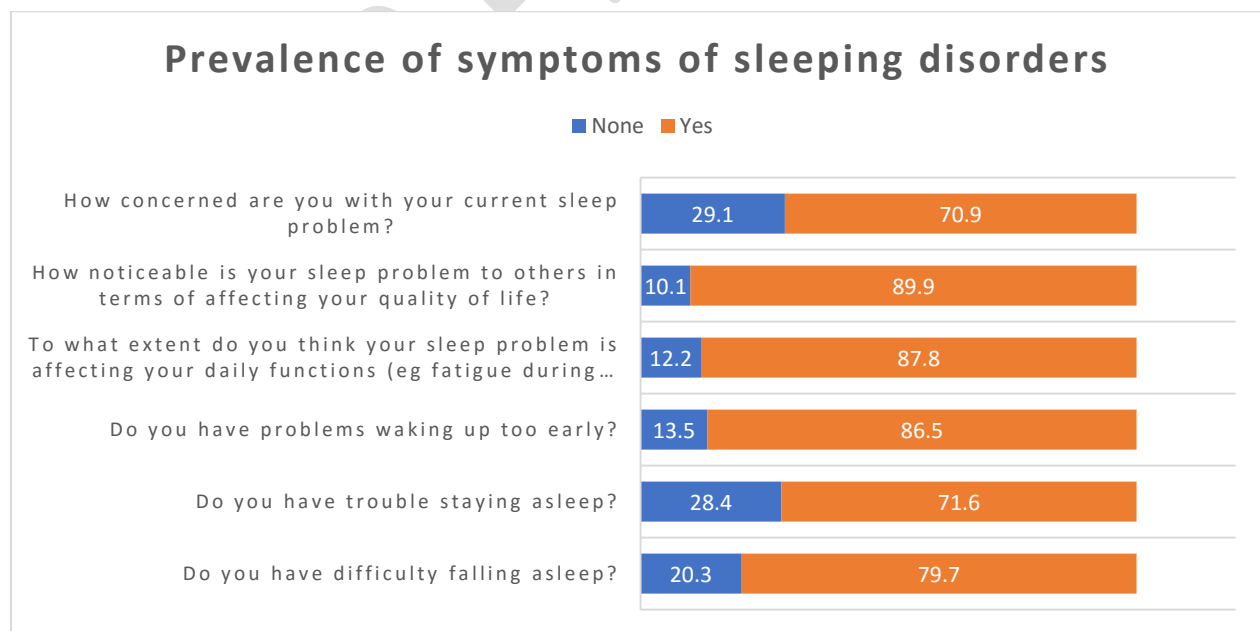


Table 3. Severity, and characteristics of sleeping disorders among participants

		Severity of symptoms					
		None	Yes	Mild	Moderate	Severe	Very severe
Do you have difficulty falling asleep?	%	20.3	79.7	26.4	30.4	14.9	8.1
Do you have trouble staying asleep?	%	28.4	71.6	27.7	29.1	8.1	6.8
Do you have problems waking up too early?	%	13.5	86.5	23.0	25.0	19.6	18.9
To what extent do you think your sleep problem is affecting your daily functions (eg fatigue during the day, ability to work at your job/daily chores, concentration, memory, mood, etc.)	%	12.2	87.8	14.9	35.1	20.3	17.6
How noticeable is your sleep problem to others in terms of affecting your quality of life?	%	10.1	89.9	16.2	30.4	18.9	24.3
How concerned are you with your current sleep problem?	%	29.1	70.9	24.3	23.6	12.2	10.8

The answers of the participants regarding the severity, characteristics of sleep disorders are presented in table 3 and figure 2.

Figure 2. Prevalence of symptoms of sleeping disorders



For the sake of comparison, an average score for the severity of restless leg syndrome was calculated based on the individual questions regarding this phenomenon. A higher score indicates more severe symptoms. The same was done for the quality of sleep, an average score was calculated. A higher score indicates poorer quality of sleep.

Table 4: The Relationships Between Dormitory and Restless Leg Syndrome Average score and with sleep quality average score

	Living in Dorms	N	Mean	SD	P-value
Restless Leg Syndrome Average score	No	62	0.55	0.78	0.745
	Yes	86	0.60	0.88	
sleep Average score	No	62	1.74	0.98	0.058
	Yes	86	2.02	0.72	

The relationships between dormitory and restless leg syndrome average score and with sleep quality average score were studied using independent sample t test. the results showed no statistically significant difference between those living in the dorms and those outside the dorms in any of the scores as presented in table 4.

Table 5: The Relationship Between Faculty and Sleep Quality average score

	N	Mean	SD	P-value
Medicine	86	1.78	0.90	0.271
Pharmacy	8	2.05	0.98	
Nursing	16	2.07	0.54	
Dental	17	1.92	0.81	
Applied sciences	21	2.19	0.74	

The relationship between faculties and sleep quality average score was studied using One-way ANOVA. The results showed no statistically significant difference between students of different faculties in the sleep quality score as presented in table 5.

Table 6: The Relationship Between Restless Leg Syndrome average score and Faculty.

	N	Median	IQR	P-value
Medicine	86	0.06	0.67	0.070
Pharmacy	8	0.50	0.58	
Nursing	16	0.22	1.69	
Dental	17	0.00	0.67	
Applied sciences	21	0.67	1.28	

The relationship between faculties and restless leg syndrome average score was studied using Kruskal Wallis test. The results showed no statistically significant difference between students of different faculties in the restless leg syndrome average score as presented in table 6.

Table 7: Correlation between restless leg syndrome average score and sleep average score

	Restless Leg Syndrome Average score	
Sleep Average score	Pearson Correlation coefficient	0.461
	P-value	<0.001

The correlation between restless leg syndrome average score and sleep average score was studied using Pearson’s correlation. The Pearson’s correlation coefficient is 0.46 indicating a moderate positive relationship between them. This relationship is also illustrated in the scatterplot in figure 3.

Figure 3. Scatterplot for the restless leg syndrome score and sleep score

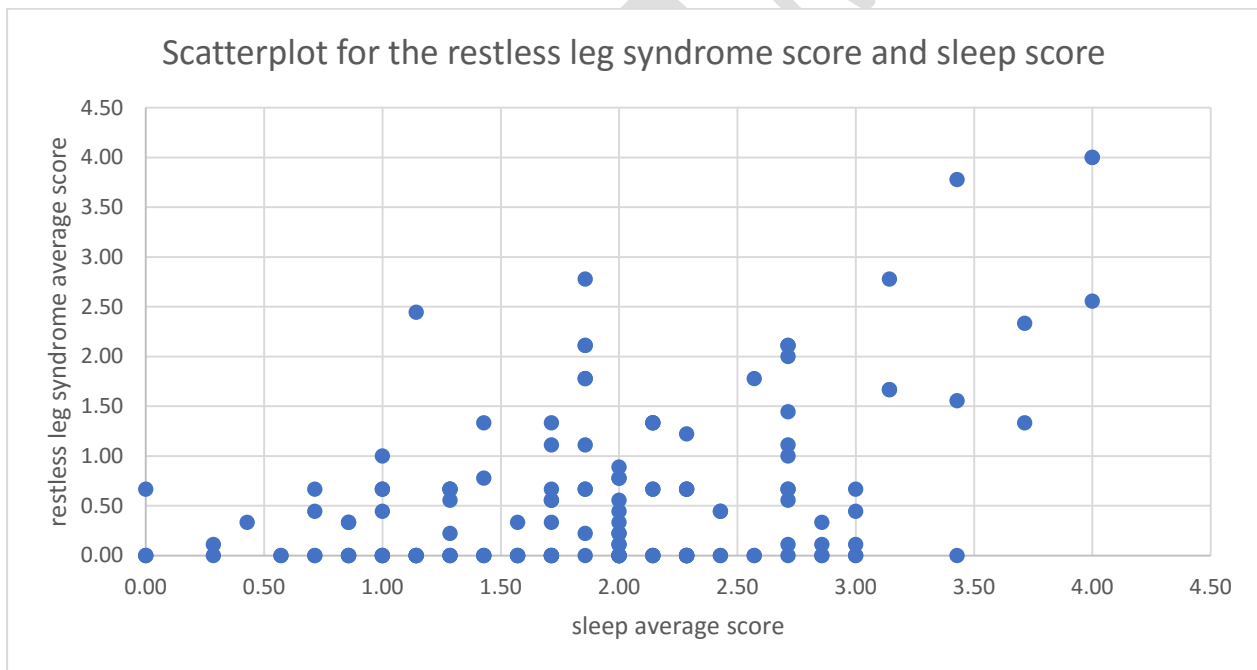


Table 8. The association of having symptoms of restless leg syndrome and living in dorms and the faculty

		Restless leg syndrome symptoms		P-value
		No	Yes	
Living in Dorms	No	N	39	0.875
		%	62.9%	
	Yes	N	23	0.875
		%	37.1%	
Faculty	Medicine	N	53	0.009
		%	61.6%	
	Pharmacy	N	33	
		%	61.6%	
	Nursing	N	25	
		%	70.9%	
	Dental	N	4	
		%	50.0%	
Applied Sciences	N	6		
	%	28.6%		

The association between having any symptoms of restless leg syndrome and the faculty or living in dorms was done using Chi-Square test. There was no statistically significant difference regarding living in dorms, but there was a statistically significant difference regarding the faculties. The percentage of having restless leg symptoms in the faculty of applied sciences was 71.4% and 50% in the faculty of pharmacy. Other faculties have lower percentages as presented in table 8.

Discussion

Global RLS prevalence rate of RLS is 0.7% to 12.5% in Asia. RLS was more frequent in females, it may relate to the highest levels of estrogen, or psychological changes [1]. However the prevalence of RLS is about 5.2%–8.4% 8.4% Which increases with age, peaks at 45– 55 years of age and even a decline of RLS frequency in the older elderly [2, 3].

The relationship between aging and RLS depends on whether the RLS is idiopathic or secondary [4]. The RLS can develop at any age, although the majority of people who suffer from it are over the age of 40. This data was gathered as part of a few epidemiological research. Two studies looked at the relationship between the age of onset and the cause. Idiopathic RLS has a similar age of onset in both studies. The age of onset for idiopathic RLS was 33.7 years in one research [5] and 35.4 years in the other study [6]; the age of onset for secondary RLS was 47.4 (5.3) years [6]. Another study found that 70.2% of RLS patients started before the age of 45, but did not specify whether the condition was idiopathic or secondary [7].

The incidence of symptoms consistent with RLS among this cohort of adolescents and young adults is comparable to RLS prevalence rates previously reported in adults, according to the findings of this study [8, 9]. The current study showed that the symptoms are milder in the mornings and worsen in the evenings and at night. The symptoms in some people are so severe that they are incapacitating, disrupting sleep, and causing daytime weariness. Restless leg syndrome individuals have been linked to hypertension, headaches, and sleep problems in studies. The majority of patients have a low quality of life. This was consistent with RLS symptoms were significantly with greater odds of having trouble falling asleep, and trouble falling asleep was associated with lower health-related quality of life (Silva et al., 2014).

In addition, it has been noted that the prevalence of RLS is as high as 49% in patients undergoing dialysis and 50.22% in diabetic patients [10, 11]. One study found that smoking was associated with RLS, whereas consumption of coffee and tea had a negative effect on RLS [12]. Further studies are needed to establish the relationship between RLS, background factors, and age.

P Medcalf et al. reported that about 40% of patients with restless legs syndrome have a family history. In these patients it is inherited as an autosomal dominant disorder with variable penetrance and clinical expressivity [13]. In current study 54.1% of participant had severe restless led symptom.

With regard to the relationship between RLS and sleep hours the Sleep quality disorder was the most common problem among these patients compared to the normal healthy population. RLS could be an etiological factor, or just attendant with other sleep disorders; insomnia, sleep fragmentation and reduction of sleep quality could lead to daytime sleepiness and mood disorders which directly affect their quality of life and mortality rate [14].

Vitamin D may play an important role in dopamine system function, which may be the key player in the pathophysiology of RLS. Vitamin D deficiency is very common in Saudi Arabia, which makes RLS symptoms worse. According to Alsuwadia et al., one-third of the adults in the community are vitamin D deficient. Females and people in their younger age groups are more affected. Low vitamin D levels in the Saudi community are likely to be caused by traditional clothing, deliberate sun avoidance, and insufficient nutritional consumption.[15]

Diminished dopamine level, which is possibly mediated by the impairment of the spinal circuits. The dopaminergic diencephalospinal pathway modulates spinal dorsal horn cells and preganglionic sympathetic neurons. Decreased activity in this pathway increases the sympathetic neuron output, which alters the afferent input activity from muscle fibers and thereby may trigger RLS symptoms [16].

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COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

References:

1. [Lisa Klingelhofer, Kalyan Bhattacharya, Heinz Reichmann Restless legs syndrome Clinical Medicine Aug 2016, 16 \(4\) 379382; DOI: 10.7861/clinmedicine.16-4-379](#)
2. [Gonzalez-Latapi P, Malkani R. Update on Restless Legs Syndrome: from Mechanisms to Treatment. *Curr Neurol Neurosci Rep.* 2019;19\(8\):54. Published 2019 Jun 27. doi:10.1007/s11910-019-0965-4](#)
3. [Venkateshiah SB, Ioachimescu OC. Restless legs syndrome. *Crit Care Clin.* 2015;31\(3\):459-472. doi:10.1016/j.ccc.2015.03.003](#)
4. [Trenkwalder C, Allen R, Högl B, et al. Comorbidities, treatment, and pathophysiology in restless legs syndrome. *Lancet Neurol.* 2018;17\(11\):994-1005. doi:10.1016/S1474-4422\(18\)30311-9](#)
5. [Japaridze G, Kasradze S, Maisuradze L, Popp R, Wetter T. THE RESTLESS LEGS SYNDROME \(REVIEW\). *Georgian Med News.* 2018;\(285\):74-81.](#)
6. [Zheng B, Wang K, Pan Z, et al. *Zhonghua Liu Xing Bing Xue Za Zhi.* 2016;37\(3\):348-352. doi:10.3760/cma.j.issn.0254-6450.2016.03.011](#)
7. [Curcio G, Ferrara M, De Gennaro L. Sleep loss, learning capacity and academic performance. *Sleep Med Rev.* 2006 Oct;10\(5\):323-37. doi: 10.1016/j.smrv.2005.11.001. Epub 2006 Mar 24. PMID: 16564189.](#)
8. [BaHammam, A.S., Alaseem, A.M., Alzakri, A.A. et al. The relationship between sleep and wake habits and academic performance in medical students: a cross-sectional study. *BMC Med Educ* 12, 61 \(2012\). <https://doi.org/10.1186/1472-6920-12-61>](#)
9. [Lund HG, Reider BD, Whiting AB, Prichard JR. Sleep patterns and predictors of disturbed sleep in a large population of college students. *J Adolesc Health.* 2010 Feb;46\(2\):124-32. doi: 10.1016/j.jadohealth.2009.06.016. Epub 2009 Aug 3. PMID: 20113918](#)

10. [Friedrich A, Schlarb AA. Let's talk about sleep: a systematic review of psychological interventions to improve sleep in college students. J Sleep Res. 2018 Feb;27\(1\):4-22. doi: 10.1111/jsr.12568. Epub 2017 Jun 15. PMID: 28618185.](#)
11. [Ishaq M, Riaz SU, Iqbal N, Siddiqui S, Moin A, Sajjad S, Ali T, Jamali S. Prevalence of Restless Legs Syndrome among Medical Students of Karachi: An Experience from a Developing Country. Sleep Disord. 2020 Feb 18;2020:7302828. doi: 10.1155/2020/7302828. PMID: 32148967; PMCID: PMC7049861.](#)
12. [Demir G. Daytime sleepiness and related factors in nursing students. Nurse Educ Today. 2017 Dec;59:21-25. doi: 10.1016/j.nedt.2017.08.003. Epub 2017 Aug 26. PMID: 28918361.](#)
13. [Sarıaydın M, Günay E, Ünlü M. Tıp fakültesi öğrencileri arasında huzursuz bacak sendromu sıklığı, depresyon, anksiyete ve uyku kalitesi arasındaki ilişki \[Frequency of restless legs syndrome and relationship between depression, anxiety and sleep quality among medical school students\]. Tuberk Toraks. 2018 Sep;66\(3\):217-223. Turkish. doi: 10.5578/tt.29167. PMID: 30479229](#)
14. Öcal, Ruhsen, Cagri, Aycan, Zeynep, Balaban, Seran, Senar, Sena, Yavuz, and Atgüden, Gizem. "Restless leg syndrome frequency in health workers ." *Idegyógyászati Szemle* 72, no. 07-08 (2019): 236-240.
15. [Becker SP, Jarrett MA, Luebke AM, Garner AA, Burns GL, Kofler MJ. Sleep in a large, multi-university sample of college students: sleep problem prevalence, sex differences, and mental health correlates. Sleep Health. 2018 Apr;4\(2\):174-181. doi: 10.1016/j.sleh.2018.01.001. Epub 2018 Feb 21. PMID: 29555131; PMCID: PMC5863586.](#)
16. [Ghrouz AK, Noohu MM, Dilshad Manzar M, Warren Spence D, BaHammam AS, Pandi-Perumal SR. Physical activity and sleep quality in relation to mental health among college students.](#)

[Sleep Breath. 2019 Jun;23\(2\):627-634. doi: 10.1007/s11325-019-01780-z. Epub 2019 Jan 26.](#)

[PMID: 30685851.](#)

[17. Amorim RAR, Moreira GA, Santos FH, Terreri MT, Molina J, Keppeke LF, Silva SGLD,](#)

[Fraga MM, Silva VBME, Sergio T, Len CA. Sleep and restless legs syndrome in female](#)

[adolescents with idiopathic musculoskeletal pain. J Pediatr \(Rio J\). 2020 Nov-](#)

[Dec;96\(6\):763-770. doi: 10.1016/j.jped.2019.09.007. Epub 2019 Nov 20. PMID: 31758916.](#)

[18. Rye DB, Trotti LM. Restless legs syndrome and periodic leg movements of sleep. Neurol Clin. 2012](#)
[Nov;30\(4\):1137-66. doi: 10.1016/j.ncl.2012.08.004. PMID: 2309913](#)

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