

## **SOMATOTOPIC DISTRIBUTION OF SENSORY SYMPTOMS IN PATIENTS WITH DRUG-NAÏVE RESTLESS LEGS SYNDROME**

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**Objectives:** To describe the sensory somatotopic distribution of restless legs syndrome (RLS) sensory symptoms and identify relationship between somatotopic distribution and clinical variables.

**Methods:** Eighty adult patients with drug-naïve RLS who had symptoms for more than one year were recruited consecutively. During face-to-face interviews using structured paper-and-pencil questionnaires with all the participants, we not only obtained the clinical information but also marked topography of RLS sensory symptoms in a specified body template, all of which were subsequently input into our in-house software program. The patterns of RLS symptom distribution were classified according to either the horizontal level or the symmetry. We investigated whether these patterns of symptom distribution differed according to the various clinical variables.

**Results:** The lower extremities were the most common location (72.5%), and 76.3% of participants exhibited symmetric sensory distributions. Late-onset RLS showed more asymmetric sensory distribution compared with early onset ( $p=0.024$ ). The median International RLS Severity Scale score in participants involving upper extremity RLS symptoms was significantly higher compared to participants without sensory symptoms in these areas ( $p=0.04$ ).

**Conclusion:** RLS sensory symptoms are typically located in the lower extremities symmetrically. Involvement of body parts other than the lower extremities or an asymmetric distribution occurs more often in patients with more severe RLS symptoms or late-onset RLS.