

Nocturnal leg cramps

Diagnosing, therapy and associations with other sleep related movement disorders.

Outline



- Muscle cramps in general
- Grouping of cramps
- Diagnosing
- Other sleep related movement disorders
- Therapy
- Conclusion
- References

Muscle cramps



in general

Involuntary, painful, visible contractions

Uncontrolled repetitive firing of motor unit action potentials
due to

hyperexcitability of intramuscular terminal motor axons by activation in the spinal cord

in general



Pharmacologic treatments have a moderate interest because of the potential of toxicity (quinine sulfate)

or

Moderate / inconsistent effectiveness

in general



Rule in or out the motor unit diseases (neuropathy, radiculopathy, plexopathy, neuromyotonia, and a cramp fasciculation syndrome which can preceded ALS)

grouping



- Exercise-associated cramps
- Cramps secondary to disease
- latrogenic cramps
- Rest cramps: pregnancy-related cramps and nocturnal leg cramps



Cramps Grouping



Cramps secondary to disease

Renal failure, liver diseases, vascular insufficiency Only associations no causal relationship

Grouping



<u>latrogenic cramps</u>

Cramps induced or associated by medication use: diuretics, steroids, lithium, morphine and statins are most known.

Haemodialysis!

Grouping



Rest cramps: pregnancy-related cramps and nocturnal leg cramps



Why am I Cramping?
Reasons for Cramping in Early Pregnancy



- High prevalent (0.70%) disorder
- Painful
- Sleep disruption
- Decreased quality of life
- At night or at rest
- Muscle hardening



- Criteria by patient history and not evidence based
- Confusing with Restless Legs Syndrome and/or Periodic Limb Movement Disorder
- Mostly not recognized by clinicians



- Restless Leg Syndrome
- Periodic Limb Movement Disorder

Others Restless Leg Syndrome



Uncomfortable and unpleasant sensations in the legs associated with an urge to move; relief of symptoms by moving the legs; sensations in feet or arms and always during rest; appearance in the evening or at night.

Others PLMD



Idiopathic PLMD symptoms are repetitive jerking movements of the leg for a period of approximately 20-30 seconds during sleep or wakefulness and complaints during wakefulness is more intense than during sleep.



- Systematic comprehensive review
- Study aims:

To define characteristics for diagnosing NLC

Differentiation from RLS and PLMD



- InclusionElectronically searchPrior 25 years
- ExclusionNon-English abstracts



Describing diagnostic terms or classification criteria during night or sleep in the randomized clinical trials and observational studies

Delphi study to examine relevance of the revealed characteristics



No diagnostic studies found

Systematic and narrative reviews

Extracted randomized trials and observational studies



 Ten criteria were identified which were used for differentiating NLC from RLS and PLMD

Decision tree

Therapy

Nocturnal leg cramps



Pharmacological:

Many side-effects

Medication benefits are limited

Inconsistent evidence

Therapy

Nocturnal leg cramps



- Quinine
- Hydro-quinine
- Less coffee
- Pyramid under the bed
- Natrium Kalium Vitamine B/E
- Legs higher during the night
- Stretching

Therapy

Nocturnal leg cramps



Will a pre-sleep stretching regimen be effective in preventing NLC?



Randomized trial

n=80 (40-40)

Inclusion criteria: Exclusion criteria:

age > 55 medication use

frequency at least 1 week co morbidity



Stretching protocol

Triceps surae

Hamstrings

Both

Each stretch 10 seconds with 10 seconds interval and perform three times

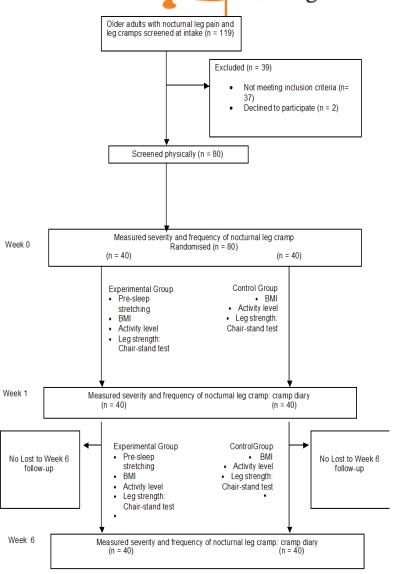














Outcome measures

Frequency

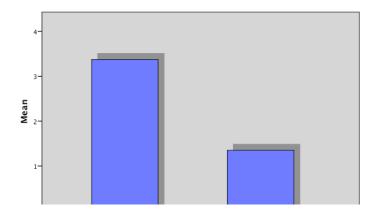
Intensity of pain (severity)



outcome	Groups				Difference within groups		Difference between groups
	Week 0		Week 6		Week 6 minus Week 0		Week 6 minus Week 0
	Exp (n = 40)	Con (n = 40)	Exp (n = 40)	Con (n = 40)	Exp	Con	Exp minus Con
ramp frequency cramps/night), nean (SD)	3.4 (1.5)	3.2 (1.9)	1.4 (1.4)	2.4 (1.7)	-2.0 (1.3)	-0.8 (1.3)	-1.2 (-0.6 to -1.8)
ramp severity (0 o 10), mean (SD)	7.2 (1.4)	7.4 (1.3)	5.9 (1.4)	7.5 (1.3)	-1.3 (1.1)	0.0 (0.9)	-1.3 (-0.9 to 1.7)

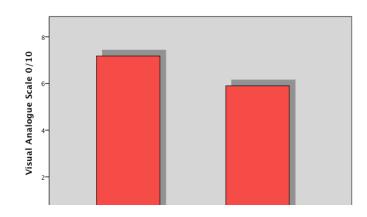


Frequency





Intensity of pain





Take away message

Recognizing NLC

Rule out serious pathology

Differentiating NLC from RLS and PLMD

Physiotherapy consult might be useful

Stretching is effective, safe and without side effects



Take away message

Most important: no disruption of sleep!

References



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