Letters to the Editor

Restless arm symptoms as an extension of restless leg syndrome

SIR—it is not widely appreciated, but up to half of all patients with restless leg syndrome can have unwanted movements and sensations in the upper extremities [1]. I give here a brief illustrative case history. An 88-year-old gentleman with restless leg syndrome diagnosed 3 years earlier presented complaining of being unable to sleep at night due to feelings of prickling and pain in both arms, mainly in the forearms. He thought it might be a sign of ‘losing his mind’. The patient had multiple medical problems including iron deficiency anaemia from diverticulosis, chronic obstructive pulmonary disease dependent on night-time oxygen, and coronary artery disease. For his restless leg syndrome, he was taking pramipexole 0.25 mg daily and niferex 150 mg daily (also for correction of the anaemia). I doubled his pramipexole to 0.5 mg and transfused him with 2 units of blood because his haemoglobin had dipped below 10 mg/dl. With these two interventions, the discomfort in his arms completely abated by follow-up in 1 week. Physicians caring for the elderly need to ask about arm symptoms when evaluating patients with restless leg syndrome. Upper extremity discomfort may even be the initial symptom [1]. Management of the upper extremity variant of restless leg syndrome is the same as for the more typical form—dopaminergic agonists, carefully chosen hypnotics like desyrel if the patient has trouble sleeping, analgesics for pain and aggressive correction of any iron deficiency anaemia.

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How well do psychotropic medications match mental health diagnoses? A national view of potential off-label prescribing in VHA nursing homes

Sir—the recent article, ‘Use of antipsychotics among nonagenarian residents in long-term institutional care in Finland’ suggests the potential of off-label use of antipsychotic medications as chemical restraints [1]. Central nervous system medications, especially psychotropic medications, such as antipsychotics, antidepressants, anxiolytics and hypnotics, are frequently prescribed off-label [2–4]. For instance, antidepressants may also be prescribed off-label for peripheral neuropathies [2–4]. Atypical antipsychotics are prescribed off-label for control of behavioural and psychological symptoms of dementia, depression and bipolar disorder [2]. The use of psychoactive medications as chemical restraints or for other inappropriate uses in nursing homes has been a concern for nearly two decades [3, 4]. Although there may be benefits to off-label prescribing of psychotropic medications, clinicians should exercise caution because of potential medication side effects, particularly in elderly patients.

The Veterans Health Administration (VHA) is a vertically and horizontally integrated health care system with 136 nursing home care units with an average daily census of over 12,000. Using the minimum data set (MDS) resident assessment instrument (RAI), we identified 6,601 residents who had an annual assessment in fiscal year 2005. Of the 6,601 long-term nursing home patients, 42.27% (2,790/6,601) were taking antipsychotics, 18.95% (1,251/6,601) anxiolytics, 47.37% (3,127/6,601) antidepressants and 4.21% (278/6,601) hypnotics. Among patients taking antipsychotics, 43.80% (1,222/2,790) had a diagnosis of schizophrenia, 11.51% anxiety disorder, 35.09% depression, 11.86% manic depression and 53.44% Alzheimer’s disease (AD) or other dementia. Among patients taking anxiolytics, 24.78% (310/1,251) had a diagnosis of anxiety disorder, 30.78% schizophrenia, 41.41% depression and 38.98% AD or other dementia. Among patients taking antidepressants, 68.08% had a diagnosis of depression. Finally, the predominant (49.64%) diagnosis of patients taking hypotnics was depression (138/278).

Our findings indicate that there are large discrepancies between mental health diagnoses and the use of psychotropic medications in long-term nursing home patients in the VHA. Like the Finland study, our preliminary findings suggest there is little association between mental health diagnoses and the use of antipsychotics. Evaluating potential off-label prescribing of psychotropic medications is difficult in long-term nursing home patients because multiple chronic diseases and polypharmacy frequently occur. Treating one...