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Migraine with aura and restless legs syndrome

Received: 26 January 2007 Accepted in revised form: 26 February 2007 Published online: 11 May 2007 Neurological conditions reported to occur at higher frequency in migraineurs than non-migraineurs include epilepsy, stroke and essential tremor (ET), as well as mood disorders. A family with comorbid migraine with aura (MA) and restless legs syndrome (RLS) is presented.

The proband (Fig. 1, I.2), a 65-year-old woman, developed headaches in her teenage years with features conforming to ICHD2 criteria for MA. From around the age of 30 years, she developed aching legs, worse at night and improved by movement, conforming to suggested clinical diagnostic criteria for RLS [1]. Investigations showed no uraemia or iron deficiency.

Family history revealed that of her five children, all three girls (II.1, II.3, II.4) had developed both MA and RLS during their teenage years. One had exacerbation of RLS during pregnancy. One female grandchild (III.4) also had features of RLS at the age of 9 years. No female grandchild had headache, although none had reached menarche.

This familial concordance of MA and RLS may be chance concurrence, or may reflect shared genetic aetiology. Familial associations are reported between MA and ET [2], and ET and RLS [3], so association between MA and RLS is possible. To date, three genetic loci have been described for RLS. Whether this family shares any

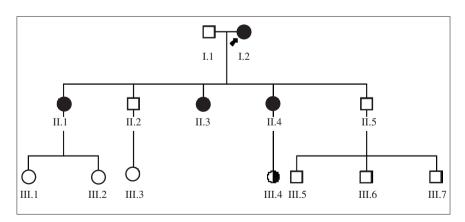


Fig. 1 Provisional family tree

of these, or whether there is a novel genetic linkage, remains to be seen. Such pedigrees might shed light on genetic factors involved in MA aetiopathogenesis, and possibly shared pathogenetic mechanisms in MA and RLS.

This familial association might have wider implications for migraine patients. A commonly reported side effect of the dopamine antagonist droperidol trialled in acute migraine was "acute drug-induced akathisia" [4]. Ehrenberg questioned whether this akathisia was in fact RLS, and

whether migraine patients are prone to RLS [5]. Dopamine agonists, a standard treatments for RLS, may cause headache when prescribed for RLS. SUNCT may also be precipitated by dopamine agonists prescribed for prolactinoma.

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