

(RLS)—following on from the original textbook by Chaudhuri, Odin and Olanow, Yoakum R and, subsequently, one edited by W Ondo in 2006. The book is an important addition to pocketbooks dealing with common neurological conditions and is comprehensive in its range and nature. Chapters on the natural history of RLS (“How does it progress?”), approaching the patient with RLS, and RLS and psychiatric disorders are particularly useful and welcome. The pathophysiology is up-to-date, with descriptions of the recently described BTBD9, NOS1 and ME1S1 genetic linkages, and the clinical issue of RLS in the cognitively impaired and children are also dealt with in a practical manner. The issue of iron and pathophysiology of RLS is covered quite extensively and may provide a firm view that RLS is related almost exclusively to iron deficiency. Clinical practice—as is well known, however—dictates against this view and the reader will have to keep this in mind.

The chapter on the consequences of RLS is particularly welcome as this outlines the commonly understated and potentially devastating consequences of RLS in some people. Similarly, descriptions of several rating scales for the assessment of RLS severity are also to be commended. The treatment section is comprehensive and perhaps of most use to the clinician. Although the issue of compulsive and

impulsive disorders is mentioned in Table 9.2, the small paragraph devoted to this on page 150 is useful, as this has become such an important issue in relation to use of dopamine agonist drugs and the medico-legal world, particularly as such problems have been described in RLS as well. For most clinicians, augmentation and rebound are problems they need to recognise and be able to manage, and the augmentation criteria (Table 9.4) is thus very useful and practical. As ergot dopamine agonists are mentioned (eg, cabergoline and pergolide), perhaps it would have been worth emphasising that these drugs are no longer in first-line use given the documented risks of cardiac valvulopathy. If patients are on these drugs then, they do need 6-monthly cardiac monitoring (at least in the UK). Similarly, the issue of a “levodopa test” for RLS, popularised by the German group, is also not discussed in detail.

A key issue in RLS is, that like migraines, in many patients it is paroxysmal. A UK study reported that more than 30% of patients reporting RLS had paroxysmal disease and would only take medications in a paroxysmal or “as required” basis. This aspect of pragmatic “real-life” treatment strategy is perhaps not fully explored in the treatment chapter, which otherwise is excellent and comprehensive.

I presume that the description of patient organisations and web resources are

dedicated to US-based sources, as many others such as the RLS:UK (www.restless-legs.org.uk) and the Ekbom Support Group (UK), are not mentioned.

In conclusion, this is an excellent handbook dealing with RLS, which is comprehensive, easy-to-read and thoroughly up-to-date. The book should be a “must have” in all the UK general practice surgeries and also for all neurology/movement disorders, sleep medicine and psychiatric medicine trainees.

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CORRECTION

doi:10.1136/jnnp.2007.132811.corr1

S P Liimatainen, J A Raitanen, A M Ylinen, *et al.* *J Neurol Neurosurg Psychiatry*, 2008; **79**:808–12. The benefit of active drug trials is dependent on aetiology in refractory focal epilepsy. There is an error in the results section in the second paragraph: “The chances of achieving the remission were significantly higher in the patients with cryptogenic aetiology compared with symptomatic aetiologies (age-adjusted OR 3.74, 95% CI 1.54 to 9.07, $p = 0.04$).” The correct p value should be 0.004, not 0.04.