

# **Your Questions Answered**

#### RESTLESS LEG SYNDROME

My doctor checked my iron levels and they were very low. Once they returned to normal I saw a reduction in my RLS symptoms. Why? Will I still have to take medication for RLS?



DR. MARK
W. MAHOWALD
RESPONDS:

There is evidence that RLS may be associated with abnormalities of iron metabolism in the central nervous system. In many cases, RLS is related to low serum ferritin levels, which may or may not be associated with low serum iron levels. (Ferritin is a protein in the body that binds to iron, and most of the iron stored in the body is bound to ferritin. The amount of ferritin in the blood shows how much iron is stored in your body.) In such cases, if taking iron supplementation normalizes the serum ferritin levels, then the RLS symptoms may improve or disappear. However, ferritin levels may remain low despite normal iron levels. If the symptoms persist despite normal ferritin levels, then RLS medication may be needed, though possibly at a reduced dosage.

Mark W. Mahowald, M.D., is the medical director of the Minnesota Regional Sleep Disorders Center at the University of Minnesota Medical School in Minneapolis.

DO YOU HAVE A QUESTION TO ASK THE EXPERTS? Send it to neurologynow@lwwny.com

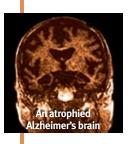
### DEPRESSION

Does depression increase the risk of dementia?



DR. DAVID S. KNOPMAN RESPONDS:

Technically, the answer is yes, but not in the way you might think. Depression as a biological disorder does not seem to trigger changes in the brain that make a person more likely to develop Al-



zheimer's disease or another degenerative brain disorder. Instead, the presence of depression in a person in late mid-life or older age may actually be one of the first signs of dementia. Depression can be caused by many things other than an underlying dementia, but a number of studies have shown that people

with depression in late life have an increased risk of becoming demented.

If the question concerns depression in early life or young adulthood, the answer is probably no. But this has been a more difficult question to address and challenging to study. People with severe mental illness in young adulthood often have subsequent life circumstances that are unfavorable, such as low socioeconomic status, complications from medications, prolonged hospitalizations, social isolation, or great interpersonal upheaval. Thus, people with early life depression also have many other factors that contribute to risk for dementia apart from the depression itself.

David S. Knopman, M.D., is professor of neurology at the Mayo Clinic College of Medicine in Rochester, MN.

#### **AUTISM**

Our child has autism. Should we encourage him to play with other children? Is it better for him to play with other autistic children or with non-autistic children?



DR. ANTONIO HARDAN RESPONDS:

This is a complex question. The overall approach should be individualized and decided ideally in consultation with your child's treatment team. It will depend on the child's level of functioning and his verbal and social abilities, as well the other children involved.

As a general rule, children with autism are encouraged

to play with other children. It is best to start with a playdate with only one other child, in a controlled and familiar environment such as the home. Too many children around could be overwhelming and distracting. Parents should closely supervise the play, be on hand to facilitate social interaction if needed, and afterwards, review the activity with their child and provide feedback on his/her efforts.

You might also consider setting up a playdate between two children with autism and assess how they interact and if they get along. Again, that activity should be closely supervised by an adult, and you should discuss it beforehand with your child's treatment team. Remember that it takes a lot of practice and coaching for children with autism to be successful in their play activities, and parents should not be discouraged.

Antonio Hardan, M.D., is the director of the Autism and Developmental Disorders Clinic at the Lucille Packard Children's Hospital at Stanford University.

## **SHINGLES**

I have shingles. Sometimes I also experience lightheadedness, weakness, and changes in my vision. What's going on?



DR. DONALD H. GILDEN RESPONDS:

Because shingles is an infectious condition caused by reactivation of varicella zoster virus (VZV), lightheadedness and generalized weakness might occur as with *any* viral infection. Another less

likely possibility is that the visual symptoms are secondary to VZV retinal necrosis, which is a viral infection of the retina. The combination of lightheadedness, weakness, and visual symptoms might indicate a transient ischemic attack secondary to a VZV vasculopathy, which is a viral infection of the cerebral arteries. New medications also may be a contributing factor. You should be referred promptly to a neurologist for further evaluation.



Donald H. Gilden, M.D., is the Louise Baum Professor and chair of neurology at the University of Colorado Health Sciences Center in Denver.