



RESTLESS GENITAL SYNDROME

Don't Let Silence Deepen The Burden

Written by Brienne Leclaire

Restless Genital Syndrome (RGS) is a rare condition characterized by persistent, unwanted genital sensations that are similar to arousal signals but are not linked to sexual desire. These sensations can feel invasive, upsetting, and even confusing. For those experiencing RGS, it can add another layer of challenge to an already complicated neurological condition. Because the symptoms are intimate and often misunderstood, many with RGS hesitate to speak up, leading to feelings of isolation. Yet putting a name to the problem and learning how it works are the first steps toward getting help and finding relief.

The cause of Restless Genital Syndrome in Parkinson disease is not fully understood. Several factors may contribute to its development. Parkinson's changes the brain's dopamine system, which is central to both movement and sensory regulation. These changes can alter how the nervous system processes movement and sensations, sometimes leading to unusual or intrusive sensations. In addition, medications commonly prescribed for Parkinson disease can affect sexual function and sensory pathways, occasionally triggering symptoms like RGS. However, these may also be used to reduce symptoms of RGS. Researchers also note that RGS shares very similar features with restless

legs syndrome, suggesting that similar neurological factors may be involved in its development.

What does RGS look like? RGS typically presents with a range of symptoms that can be both physically uncomfortable and emotionally draining. People may experience tingling, throbbing, or pressure in the genital area, sensations that mimic arousal but occur without desire or stimulation. These feelings often worsen during periods of rest or inactivity, similar to restless legs syndrome. Sleep disruption is common, as sensations can worsen at night. Beyond the physical discomfort, the emotional impact is significant, embarrassment, frustration, and anxiety often accompany RGS symptoms. Because symptoms are in such a sensitive and intimate area, many delay seeking help due to embarrassment or stigma, which can compound distress and delay treatment.

Managing RGS in Parkinson disease requires an individually tailored approach. The first step is typically reviewing current medications. Adjusting doses or switching medications may help reduce symptoms for some people. Dopamine agonists like pramipexole and ropinirole are sometimes prescribed to reduce symptoms, though can also in turn be the cause of RGS for some. Medications for treating

similar syndromes, such as restless legs syndrome, may also offer support for some individuals. These may include gabapentin, propranolol, tramadol, and others. Pelvic health physiotherapy offers another avenue, focusing on muscle tension and improving comfort in the pelvic region. Psychological support is equally important, helping individuals cope with the emotional effects of persistent sensations and develop coping strategies to ease symptoms. While there is no single treatment, combining medical, physical, and emotional approaches can make symptoms more manageable.

Living with RGS can feel overwhelming, but practical strategies can help reduce its impact:

- Gentle movement or stretching may ease sensations, echoing strategies used for restless legs syndrome.
- Relaxation techniques such as mindfulness, meditation, or breathing exercises can calm the nervous system and reduce distress. Maintaining good sleep hygiene with consistent routines, a cool and quiet environment, and limiting stimulants can minimize nighttime symptoms.
- Finding relaxing activities one enjoys, such as reading, listening to music, or engaging in light activity, can redirect focus away from discomfort.
- Most importantly, open communication with healthcare providers ensures that symptoms are acknowledged and addressed rather than hidden.

Support for RGS in Parkinson's comes from multiple sources. Neurologists, especially movement disorder specialists, are central to managing the rare condition, because they know how Parkinson's affects both movement and sensation. As well as can manage medications for both Parkinson's and RGS. Pelvic health physiotherapists can provide targeted exercises and interventions to ease discomfort. Mental health

professionals offer coping strategies for the emotional impact, helping individuals navigate embarrassment and anxiety. Parkinson Association supports also play a role, offering safe spaces to share experiences and learn from others. Knowing that help exists and that others have faced similar challenges can help one feel less isolated.

Restless Genital Syndrome in Parkinson disease is rarely discussed, but silence only deepens the burden. By naming the condition, exploring its causes, and seeking support can help one reclaim a sense of dignity and control. RGS reminds us that neurological disorders affect far more than movement they touch every aspect of the human experience, including the most private. In the end, the message is clear, no symptom is too small, too strange, or too embarrassing to not deserve care. Talking about RGS is the first step toward relief, and relief is possible. ■

References

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