WEBVTT

NOTE duration:"00:05:10"

NOTE recognizability:0.742

NOTE language:en-us

NOTE Confidence: 0.707506492222222

 $00:00:02.080 \longrightarrow 00:00:03.224$ This is like syndrome,

NOTE Confidence: 0.707506492222222

 $00:00:03.224 \longrightarrow 00:00:04.654$ often referred to as RLS,

NOTE Confidence: 0.707506492222222

 $00{:}00{:}04.660 \dashrightarrow 00{:}00{:}06.290$ is a neurological sensory motor

NOTE Confidence: 0.707506492222222

 $00:00:06.290 \rightarrow 00:00:08.252$ disorder that is characterized by an

NOTE Confidence: 0.707506492222222

 $00:00:08.252 \rightarrow 00:00:09.926$ uncomfortable urge to move the legs.

NOTE Confidence: 0.707506492222222

 $00:00:09.930 \longrightarrow 00:00:11.376$ Women are twice as likely to

NOTE Confidence: 0.707506492222222

 $00:00:11.376 \longrightarrow 00:00:12.580$ be affected compared to men.

NOTE Confidence: 0.707506492222222

00:00:12.580 --> 00:00:14.185 Did Colonel Literature has suggested

NOTE Confidence: 0.707506492222222

00:00:14.185 --> 00:00:15.469 that pregnancy may explain

NOTE Confidence: 0.707506492222222

 $00{:}00{:}15{.}469 \dashrightarrow 00{:}00{:}17{.}019$ some of the gender difference.

NOTE Confidence: 0.707506492222222

 $00:00:17.020 \rightarrow 00:00:18.960$ So far multiple observational studies

NOTE Confidence: 0.707506492222222

 $00{:}00{:}18.960 \dashrightarrow 00{:}00{:}20.512$ have found positive association

NOTE Confidence: 0.707506492222222

00:00:20.512 - > 00:00:21.960 between parity and wireless,

NOTE Confidence: 0.707506492222222

 $00:00:21.960 \longrightarrow 00:00:23.360$ but presently there is limited

NOTE Confidence: 0.707506492222222

 $00{:}00{:}23.360 \dashrightarrow 00{:}00{:}24.480$ understanding about those response.

NOTE Confidence: 0.707506492222222

 $00:00:24.480 \longrightarrow 00:00:27.574$ Interaction to the best of our knowledge,

NOTE Confidence: 0.707506492222222

 $00:00:27.580 \rightarrow 00:00:29.533$ there has only been one population based

NOTE Confidence: 0.707506492222222

 $00:00:29.533 \rightarrow 00:00:31.229$ cross sectional study that has analyzed.

NOTE Confidence: 0.707506492222222

 $00{:}00{:}31.230 \dashrightarrow 00{:}00{:}32.830$ It's just association by limitation

NOTE Confidence: 0.707506492222222

 $00:00:32.830 \longrightarrow 00:00:34.870$ of that study was their method,

NOTE Confidence: 0.707506492222222

 $00:00:34.870 \longrightarrow 00:00:36.530$ which failed to all other

NOTE Confidence: 0.707506492222222

00:00:36.530 - 00:00:38.190 conditions that may mimic RLS.

NOTE Confidence: 0.707506492222222

 $00:00:38.190 \longrightarrow 00:00:39.189$ Since that study,

NOTE Confidence: 0.707506492222222

 $00{:}00{:}39{.}189 \dashrightarrow 00{:}00{:}40{.}854$ the Cambridge Hopkins are less

NOTE Confidence: 0.707506492222222

 $00:00:40.854 \rightarrow 00:00:42.463$ questionnaire was created for use

NOTE Confidence: 0.707506492222222

00:00:42.463 --> 00:00:43.948 in RLS research methodology and

NOTE Confidence: 0.707506492222222

 $00:00:43.948 \longrightarrow 00:00:45.510$ is designed to exclude mimics.

NOTE Confidence: 0.707506492222222

 $00:00:45.510 \rightarrow 00:00:47.310$ The primary objective of our study

NOTE Confidence: 0.707506492222222

 $00:00:47.310 \longrightarrow 00:00:48.897$ is to determine whether there

- NOTE Confidence: 0.707506492222222
- $00{:}00{:}48.897 \dashrightarrow 00{:}00{:}50.552$ is a dose response relationship
- NOTE Confidence: 0.707506492222222
- $00:00:50.552 \rightarrow 00:00:52.140$ between greater parity and RLS.
- NOTE Confidence: 0.707506492222222
- $00:00:52.140 \longrightarrow 00:00:52.515$ Furthermore,
- NOTE Confidence: 0.707506492222222
- $00{:}00{:}52.515 \dashrightarrow 00{:}00{:}54.390$ our secondary objectives are to
- NOTE Confidence: 0.707506492222222
- $00{:}00{:}54.390 \dashrightarrow 00{:}00{:}55.890$ assess the association between
- NOTE Confidence: 0.707506492222222
- $00:00:55.940 \rightarrow 00:00:57.650$ biological sex and rolls without the
- NOTE Confidence: 0.707506492222222
- $00:00:57.650 \rightarrow 00:01:00.064$ effect of parity and to identify any
- NOTE Confidence: 0.707506492222222
- $00:01:00.064 \rightarrow 00:01:01.288$ potential independent predictors.
- NOTE Confidence: 0.707506492222222
- 00:01:01.290 --> 00:01:04.110 Associated with RLS in our model,
- NOTE Confidence: 0.707506492222222
- $00:01:04.110 \longrightarrow 00:01:05.790$ our study is a cross sectional
- NOTE Confidence: 0.707506492222222
- 00:01:05.790 --> 00:01:07.861 design on data collected in a prior
- NOTE Confidence: 0.707506492222222
- $00:01:07.861 \rightarrow 00:01:09.356$ study that looked at hypothyroidism.
- NOTE Confidence: 0.707506492222222
- $00:01:09.360 \dashrightarrow 00:01:11.435$ Prevalence in the large population
- NOTE Confidence: 0.707506492222222
- $00{:}01{:}11.435 \dashrightarrow 00{:}01{:}13.830$ of individuals with or without this
- NOTE Confidence: 0.707506492222222
- 00:01:13.830 --> 00:01:15.750 data set was appropriate for current
- NOTE Confidence: 0.707506492222222

 $00:01:15.750 \rightarrow 00:01:18.051$ study because it also contains helpful

NOTE Confidence: 0.707506492222222

 $00{:}01{:}18.051 \dashrightarrow 00{:}01{:}19.755$ information on past pregnancies.

NOTE Confidence: 0.707506492222222

 $00:01:19.760 \longrightarrow 00:01:21.215$ The female participants were asked

NOTE Confidence: 0.707506492222222

 $00:01:21.215 \longrightarrow 00:01:23.039$ to report their total number of

NOTE Confidence: 0.707506492222222

 $00:01:23.039 \rightarrow 00:01:24.654$ pregnancy events in the accompanying

NOTE Confidence: 0.707506492222222

00:01:24.654 --> 00:01:25.946 gestational weeks and outcome,

NOTE Confidence: 0.707506492222222

 $00:01:25.950 \longrightarrow 00:01:27.486$ whether that is live birth still,

NOTE Confidence: 0.707506492222222

 $00:01:27.490 \longrightarrow 00:01:29.910$ birth, miscarriage, or planned abortion.

NOTE Confidence: 0.707506492222222

00:01:29.910 --> 00:01:30.855 To define priority,

NOTE Confidence: 0.707506492222222

 $00:01:30.855 \rightarrow 00:01:32.745$ we use American College of Obstetricians.

NOTE Confidence: 0.707506492222222

 $00:01:32.750 \longrightarrow 00:01:33.560$ Gynecologist definition,

NOTE Confidence: 0.707506492222222

 $00:01:33.560 \longrightarrow 00:01:35.990$ which is any like pregnancy or

NOTE Confidence: 0.707506492222222

 $00:01:35.990 \dashrightarrow 00:01:38.004$ still birth greater than or equal

NOTE Confidence: 0.707506492222222

00:01:38.004 --> 00:01:40.336 to 20 weeks to ascertain RL status,

NOTE Confidence: 0.707506492222222

 $00{:}01{:}40{.}336 \dashrightarrow 00{:}01{:}42{.}181$ we asked participants who completed

NOTE Confidence: 0.707506492222222

00:01:42.181 --> 00:01:44.159 Cambridge Hopkins or less questionnaire

NOTE Confidence: 0.707506492222222

 $00:01:44.160 \dashrightarrow 00:01:46.085$ and for analysis we share for women

NOTE Confidence: 0.707506492222222

 $00{:}01{:}46.085 \dashrightarrow 00{:}01{:}48.112$ based on the total number of Paris

NOTE Confidence: 0.707506492222222

00:01:48.112 $\operatorname{-->}$ 00:01:50.262 events and no data that were excluded

NOTE Confidence: 0.707506492222222

 $00:01:50.262 \rightarrow 00:01:52.280$ from the analysis will get a table one.

NOTE Confidence: 0.707506492222222

 $00{:}01{:}52{.}280 \dashrightarrow 00{:}01{:}53{.}995$ We found that having no pair servant

NOTE Confidence: 0.707506492222222

 $00{:}01{:}53{.}995 \dashrightarrow 00{:}01{:}55{.}624$ and having one Paris with it or

NOTE Confidence: 0.707506492222222

 $00:01:55.624 \rightarrow 00:01:57.134$ more common in the negative women

NOTE Confidence: 0.707506492222222

 $00:01:57.134 \rightarrow 00:01:59.126$ whereas having two pairs events in

NOTE Confidence: 0.707506492222222

 $00{:}01{:}59{.}126 \dashrightarrow 00{:}02{:}00{.}913$ having through more Paris events were

NOTE Confidence: 0.707506492222222

 $00:02:00.913 \rightarrow 00:02:02.680$ more common in the positive woman.

NOTE Confidence: 0.707506492222222

00:02:02.680 --> 00:02:04.780 In our most like their model,

NOTE Confidence: 0.707506492222222

 $00{:}02{:}04.780 \dashrightarrow 00{:}02{:}06.887$ we found that women with one person NOTE Confidence: 0.707506492222222

 $00:02:06.887 \longrightarrow 00:02:09.115$ had 1.44 times the odds of having our NOTE Confidence: 0.707506492222222

 $00{:}02{:}09{.}115 \dashrightarrow 00{:}02{:}11{.}039$ list compared to normal Paris woman.

NOTE Confidence: 0.707506492222222

00:02:11.040 --> 00:02:13.116 But this difference was not significant.

NOTE Confidence: 0.707506492222222

- 00:02:13.120 --> 00:02:13.461 However,
- NOTE Confidence: 0.707506492222222
- 00:02:13.461 00:02:16.212 women with two pairs event at 3.3 times,
- NOTE Confidence: 0.707506492222222
- $00:02:16.212 \longrightarrow 00:02:18.318$ often women with three or more
- NOTE Confidence: 0.707506492222222
- $00{:}02{:}18.318 \dashrightarrow 00{:}02{:}20.220$ Paris events had 3.31 times odds
- NOTE Confidence: 0.707506492222222
- $00:02:20.220 \longrightarrow 00:02:21.460$ of having our allies,
- NOTE Confidence: 0.707506492222222
- $00:02:21.460 \longrightarrow 00:02:23.910$ and these differences were significant.
- NOTE Confidence: 0.707506492222222
- $00:02:23.910 \longrightarrow 00:02:25.270$ When assessing her dose
- NOTE Confidence: 0.707506492222222
- 00:02:25.270 --> 00:02:25.950 response relationship,
- NOTE Confidence: 0.707506492222222
- $00{:}02{:}25{.}950 \dashrightarrow 00{:}02{:}27{.}834$ we also noted a positive trend
- NOTE Confidence: 0.707506492222222
- $00:02:27.834 \rightarrow 00:02:29.386$ between the purity groups and
- NOTE Confidence: 0.707506492222222
- 00:02:29.386 --> 00:02:31.162 all the findings I just mentioned
- NOTE Confidence: 0.707506492222222
- $00:02:31.162 \longrightarrow 00:02:32.709$ are reflected in figure one,
- NOTE Confidence: 0.707506492222222
- 00:02:32.710 -> 00:02:34.830 former vault type variant model.
- NOTE Confidence: 0.707506492222222
- 00:02:34.830 --> 00:02:36.770 We identify Agent depression
- NOTE Confidence: 0.707506492222222
- $00:02:36.770 \longrightarrow 00:02:38.225$ as independent predictors.
- NOTE Confidence: 0.707506492222222
- $00:02:38.230 \rightarrow 00:02:39.873$ We found that there is a 10% increase

- NOTE Confidence: 0.707506492222222
- $00:02:39.873 \dashrightarrow 00:02:42.344$ odds of having RLS with each year
- NOTE Confidence: 0.707506492222222
- $00{:}02{:}42{.}344 \dashrightarrow 00{:}02{:}44{.}482$ increasing age and women who reported
- NOTE Confidence: 0.707506492222222
- $00:02:44.482 \longrightarrow 00:02:46.528$ depression had 2.5 times odds of
- NOTE Confidence: 0.785275316
- $00:02:46.592 \dashrightarrow 00:02:49.105$ having RLS compared to women who did
- NOTE Confidence: 0.785275316
- $00{:}02{:}49{.}105 \dashrightarrow 00{:}02{:}51{.}138$ not report depression to assess the
- NOTE Confidence: 0.785275316
- $00{:}02{:}51{.}138 \dashrightarrow 00{:}02{:}52{.}402$ association between biological sex
- NOTE Confidence: 0.785275316
- $00:02:52.402 \rightarrow 00:02:54.569$ and or less without the effect of.
- NOTE Confidence: 0.785275316
- $00:02:54.570 \rightarrow 00:02:56.964$ Apparently we applied a separate regression
- NOTE Confidence: 0.785275316
- $00:02:56.964 \rightarrow 00:02:59.356$ analysis that look that compare mental
- NOTE Confidence: 0.785275316
- $00:02:59.356 \rightarrow 00:03:01.904$ Nola Paris woman looking at table three.
- NOTE Confidence: 0.785275316
- $00:03:01.910 \longrightarrow 00:03:03.912$ We found there is no association between
- NOTE Confidence: 0.785275316
- $00:03:03.912 \rightarrow 00:03:06.486$ sex and or less after adjusting for age
- NOTE Confidence: 0.785275316
- $00:03:06.486 \rightarrow 00:03:08.650$ in conjunction with their main finding,
- NOTE Confidence: 0.785275316
- $00:03:08.650 \longrightarrow 00:03:10.442$ we can infer that it is not
- NOTE Confidence: 0.785275316
- $00:03:10.442 \longrightarrow 00:03:11.450$ necessarily the biological sex,
- NOTE Confidence: 0.785275316

00:03:11.450 --> 00:03:12.935 but rather the effect of

NOTE Confidence: 0.785275316

00:03:12.935 --> 00:03:13.826 the childbearing potential.

NOTE Confidence: 0.785275316

 $00:03:13.830 \longrightarrow 00:03:15.672$ There may be counted for the

NOTE Confidence: 0.785275316

 $00:03:15.672 \rightarrow 00:03:17.323$ gender difference that is noted

NOTE Confidence: 0.785275316

 $00{:}03{:}17.323 \dashrightarrow 00{:}03{:}18.779$ in the current literature.

NOTE Confidence: 0.785275316

00:03:18.780 --> 00:03:20.045 Some notable strength over study

NOTE Confidence: 0.785275316

 $00{:}03{:}20.045 \dashrightarrow 00{:}03{:}21.714$ include the use of the Cambridge

NOTE Confidence: 0.785275316

00:03:21.714 --> 00:03:23.146 Hopkins on RLS Questionnaire,

NOTE Confidence: 0.785275316

 $00{:}03{:}23.150 \dashrightarrow 00{:}03{:}24.915$ which is a validated question naire

NOTE Confidence: 0.785275316

 $00:03:24.915 \longrightarrow 00:03:25.974$ with high sensitivity.

NOTE Confidence: 0.785275316

00:03:25.980 --> 00:03:26.826 And specificity,

NOTE Confidence: 0.785275316

 $00:03:26.826 \rightarrow 00:03:30.210$ and that is designed to exclude RLS mimics

NOTE Confidence: 0.785275316

 $00{:}03{:}30{.}210$ --> $00{:}03{:}32{.}009$ to define our main variable of interest,

NOTE Confidence: 0.785275316

 $00:03:32.010 \longrightarrow 00:03:33.420$ we utilize a professional body.

NOTE Confidence: 0.785275316

 $00{:}03{:}33{.}420 \dashrightarrow 00{:}03{:}36{.}060$ The ACOG to provide a standard

NOTE Confidence: 0.785275316

 $00:03:36.060 \rightarrow 00:03:38.659$ consensus on the definition of parity.

NOTE Confidence: 0.785275316

00:03:38.660 --> 00:03:38.990 Lastly,

NOTE Confidence: 0.785275316

 $00:03:38.990 \longrightarrow 00:03:40.970$ this study attempts to provide better

NOTE Confidence: 0.785275316

00:03:40.970 --> 00:03:42.640 understanding about possible dose response,

NOTE Confidence: 0.785275316

 $00:03:42.640 \rightarrow 00:03:44.680$ interaction between parity and RLS,

NOTE Confidence: 0.785275316

 $00{:}03{:}44.680 \dashrightarrow 00{:}03{:}47.064$ which is an area of limited research and

NOTE Confidence: 0.785275316

 $00:03:47.064 \rightarrow 00:03:48.699$ understanding the current literature.

NOTE Confidence: 0.785275316

 $00{:}03{:}48.700 \dashrightarrow 00{:}03{:}50.608$ There are also some several notable

NOTE Confidence: 0.785275316

 $00:03:50.608 \dashrightarrow 00:03:51.880$ limitations with their study.

NOTE Confidence: 0.785275316

 $00{:}03{:}51.880 \dashrightarrow 00{:}03{:}53.386$ First is with a cross sectional

NOTE Confidence: 0.785275316

 $00:03:53.386 \rightarrow 00:03:55.100$ analysis on data from a prior study.

NOTE Confidence: 0.785275316

00:03:55.100 - 00:03:57.548 They use a case control design

NOTE Confidence: 0.785275316

 $00:03:57.548 \rightarrow 00:03:59.590$ which may introduce selection bias.

NOTE Confidence: 0.785275316

 $00:03:59.590 \longrightarrow 00:03:59.875$ Second,

NOTE Confidence: 0.785275316

 $00{:}03{:}59{.}875 \dashrightarrow 00{:}04{:}01{.}585$ a large proportion of the symbols

NOTE Confidence: 0.785275316

00:04:01.585 --> 00:04:02.440 of Caucasian race.

NOTE Confidence: 0.785275316

- $00:04:02.440 \longrightarrow 00:04:02.842$ Therefore,
- NOTE Confidence: 0.785275316
- $00:04:02.842 \longrightarrow 00:04:04.852$ this may not be generalizable
- NOTE Confidence: 0.785275316
- $00:04:04.852 \longrightarrow 00:04:06.058$ to other ethnicities.
- NOTE Confidence: 0.785275316
- 00:04:06.060 --> 00:04:06.388 Third,
- NOTE Confidence: 0.785275316
- $00{:}04{:}06{.}388 \dashrightarrow 00{:}04{:}08{.}356$ the participants were asked to provide
- NOTE Confidence: 0.785275316
- $00:04:08.356 \rightarrow 00:04:10.518$ retrospective data on their past pregnancies,
- NOTE Confidence: 0.785275316
- $00:04:10.520 \dashrightarrow 00:04:12.308$ which may have introduced recall bias
- NOTE Confidence: 0.785275316
- $00{:}04{:}12.308 \dashrightarrow 00{:}04{:}14.142$ as these events were several decades
- NOTE Confidence: 0.785275316
- $00{:}04{:}14.142 \dashrightarrow 00{:}04{:}16.486$ in the past for some of our participants,
- NOTE Confidence: 0.785275316
- $00:04:16.490 \rightarrow 00:04:18.104$ 4th depression was self reported and
- NOTE Confidence: 0.785275316
- $00:04:18.104 \rightarrow 00:04:19.959$ this was not confirmed with objectives.
- NOTE Confidence: 0.785275316
- $00:04:19.960 \dashrightarrow 00:04:22.170$ Sources such as medical records.
- NOTE Confidence: 0.785275316
- $00:04:22.170 \longrightarrow 00:04:23.031$ So in conclusion,
- NOTE Confidence: 0.785275316
- $00:04:23.031 \rightarrow 00:04:25.456$ in line with Bergeron on their 2004 study,
- NOTE Confidence: 0.785275316
- $00:04:25.456 \rightarrow 00:04:27.892$ we also observed a dose response relationship
- NOTE Confidence: 0.785275316
- $00:04:27.892 \rightarrow 00:04:29.738$ between greater purity and analyst.

- NOTE Confidence: 0.785275316
- $00:04:29.740 \dashrightarrow 00:04:31.635$ We identify Asian depression as
- NOTE Confidence: 0.785275316
- $00{:}04{:}31.635 \dashrightarrow 00{:}04{:}33.530$ independent predictors in our group.
- NOTE Confidence: 0.785275316
- 00:04:33.530 --> 00:04:33.898 However,
- NOTE Confidence: 0.785275316
- $00:04:33.898 \rightarrow 00:04:36.106$ the data around this is conflicting.
- NOTE Confidence: 0.785275316
- 00:04:36.110 --> 00:04:37.780 Lastly, we found no association
- NOTE Confidence: 0.785275316
- 00:04:37.780 --> 00:04:39.450 between biological sex and RLS,
- NOTE Confidence: 0.785275316
- $00:04:39.450 \rightarrow 00:04:41.795$ suggesting that parity in pregnancy or likely
- NOTE Confidence: 0.785275316
- 00:04:41.795 --> 00:04:43.959 factors in explaining the gender difference,
- NOTE Confidence: 0.785275316
- 00:04:43.960 --> 00:04:45.004 and so far,
- NOTE Confidence: 0.785275316
- $00:04:45.004 \longrightarrow 00:04:46.396$ both iron deficiency anemia.
- NOTE Confidence: 0.785275316
- $00{:}04{:}46{.}400 \dashrightarrow 00{:}04{:}48{.}305$ Hormonal changes during pregnancy have
- NOTE Confidence: 0.785275316
- $00{:}04{:}48{.}305 \dashrightarrow 00{:}04{:}50{.}210$ been implicated as likely explanations.
- NOTE Confidence: 0.785275316
- 00:04:50.210 --> 00:04:51.338 Are less pathophysiology,
- NOTE Confidence: 0.785275316
- 00:04:51.338 --> 00:04:53.970 but more research is still needed to
- NOTE Confidence: 0.785275316
- $00{:}04{:}54.035 \dashrightarrow 00{:}04{:}55.707$ better understand these interactions
- NOTE Confidence: 0.785275316

00:04:55.707 --> 00:04:58.215 in order to provide more optimal NOTE Confidence: 0.785275316

00:04:58.284 --> 00:05:00.468 therapy for pregnant women with RLS.

NOTE Confidence: 0.785275316

 $00{:}05{:}00{.}470 \dashrightarrow 00{:}05{:}02{.}400$ Given that most pharmacologic used

NOTE Confidence: 0.785275316

 $00{:}05{:}02{.}400 \dashrightarrow 00{:}05{:}05{.}279$ to treat RLS or unsafe in pregnancy.

NOTE Confidence: 0.785275316

 $00:05:05.280 \longrightarrow 00:05:06.280$ Thank you for listening.