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Restless Legs Syndrome (RLS)

Patient education guide · Movement Disorders · Madison Neurology LLC

What is it?

Restless legs syndrome causes an irresistible urge to move the legs — usually accompanied by uncomfortable crawling, pulling, or aching sensations deep in the legs — that appears at rest, worsens in the evening and at night, and is relieved by movement. It disrupts sleep profoundly and is common, affecting up to 5-10% of adults.

How does it happen?

RLS involves brain iron deficiency (even when blood iron looks normal) and dopamine signaling. It runs strongly in families. Iron deficiency, kidney disease, pregnancy, neuropathy, and certain medications (many antidepressants, antihistamines like diphenhydramine, anti-nausea drugs) cause or worsen it.

Common symptoms

- Urge to move the legs with uncomfortable sensations, at rest
- Evening/night worsening; relief with walking or stretching
- Involuntary leg jerks during sleep (periodic limb movements)
- Fragmented sleep and daytime fatigue
- Symptoms ranging from occasional annoyance to nightly disruption

How is it diagnosed?

Diagnosis is clinical, based on the four cardinal features (urge to move, worse at rest, relief with movement, evening predominance). Blood tests — especially ferritin (iron stores) — are essential. Sleep studies are reserved for unclear cases or suspected sleep apnea.

How is it treated?

First, correct contributors: iron supplementation when ferritin is low (targeting ferritin above 75-100 ng/mL), reviewing and substituting aggravating medications, good sleep habits, and moderate exercise. Alpha-2-delta ligands (gabapentin, pregabalin, gabapentin enacarbil) are now the preferred medications. Dopamine agonists (pramipexole, ropinirole) work but often cause 'augmentation' — the RLS worsening over time on the drug — so they are used cautiously. Low-dose opioids are reserved for severe refractory cases.

What does the future hold?

RLS is chronic but very manageable. Treating iron deficiency resolves it completely in some. Medication strategy matters: avoiding augmentation keeps treatment effective for decades. Symptoms may wax and wane over the years.

Questions patients commonly ask

Q: Why do my legs feel worse at night?

A: RLS follows a strong circadian rhythm — dopamine and iron availability dip in the evening, which is why symptoms peak then.

Q: My antidepressant seems to make it worse — is that possible?

A: Yes, several antidepressants aggravate RLS; alternatives exist, so raise it with your prescriber rather than stopping on your own.

Q: Why did my doctor stop my ropinirole?

A: Long-term dopamine agonists often cause augmentation — symptoms start earlier, spread, and intensify; switching to gabapentin-type drugs is the modern approach.

National support groups & resources

- **Restless Legs Syndrome Foundation** — rls.org
- **American Academy of Sleep Medicine — Sleep Education** — sleepeducation.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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