UNDERSTANDING YOUR DIAGNOSIS

Restless Legs Syndrome

Also called Restless Legs Syndrome

Your legs get an odd, crawling urge to move the moment you sit still at night. It is real, and it can be treated.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
2 to 3 of every 100 adults	Any age; many before 45	Yes - often starting with iron	Twice as common in women

What this is

- You get an urge to move your legs that you cannot ignore, usually with a strange crawling, tugging, or fizzing feeling inside them.
- It comes on when you are resting, gets worse in the evening, and eases the moment you get up and move around.
- This is a nerve and brain condition, not nerves in the anxious sense. People are often dismissed for years before someone names it.
- There is no scan for it. The diagnosis is made from your story, plus blood tests to look for causes like low iron.

What it can look and feel like

- The feeling is hard to describe. People say creeping, crawling, pulling, electric, or like soda fizzing under the skin.
- It starts when you sit or lie down, and it is at its worst between bedtime and about **4 a.m.**
- Walking or stretching brings instant relief, but the feeling comes back within minutes of sitting down again.
- Long flights, movies, car rides, and dental chairs become almost unbearable, and you have to keep getting up.
- You lie awake for a long time at bedtime, so trouble falling asleep is often the reason you finally ask for help.
- Your bed partner says your legs jerk or kick through the night, which wakes one or both of you.
- You are exhausted, foggy, and low during the day from months or years of a shortened, broken night.

What is happening in your brain and body

- Your brain needs iron to make **dopamine**, a chemical that helps control movement. Low iron in the brain sets this off.
- Blood iron can look normal while brain iron is low, which is why the ferritin number matters more than a plain anemia check.
- Dopamine signaling naturally dips in the evening. That is why the symptoms follow a clock and peak in the middle of the night.
- Your brain also stays over-alert in this condition, so you lose more sleep than the leg movements alone would explain.
- Kidney disease, pregnancy, nerve damage from diabetes, and iron loss from heavy periods can all bring it on.

What can make it more likely

- Low iron stores are the most common and most fixable cause, so a **ferritin** blood test belongs in every workup.
- It runs strongly in families. If it started before you were 45, there is a good chance a parent or sibling has it too.
- Several medicines make it worse: many **antidepressants**, some antipsychotics, and sedating antihistamines like diphenhydramine.
- Pregnancy, kidney disease, caffeine, alcohol, and nicotine can all set it off or crank it up a level.

What to expect

- If low iron is the cause, iron alone can fix it, though it takes about **3 months** of treatment to feel the full effect.
- Symptoms tend to come and go over the years, with quiet stretches and flare-ups tied to stress, iron, and medicines.
- Most people get good control with the right plan. The main task is finding your combination and adjusting it over time.
- If a medicine that used to work starts making things start earlier in the day, tell your prescriber. That means change it, not raise it.

What helps

Treatment works. Most people get better.

Talking therapies

- **CBT-I**, the talk therapy for insomnia, treats the lying-awake habit that builds up over years of restless nights.
- Learning the warning signs of medicine backfiring lets you report it early instead of quietly suffering with it.
- Relaxation and mindfulness will not stop the leg feeling, but they cut the panic and the clock-watching around it.
- Practical bedtime tricks give you something to do: stretching, a warm bath, leg massage, or a compression device.
- If you notice new gambling, shopping, or other urges you cannot control on any medicine, tell your prescriber right away.

Medicines

- **Iron** comes first if your ferritin is low. It is usually taken with vitamin C, every other day, on an empty stomach.
- If pills do not work or you cannot tolerate them, **iron given by vein** at a clinic is a fast and effective option.
- **Alpha-2-delta medicines** such as gabapentin or pregabalin are the preferred pills now. They calm the sensation and help sleep.
- **Dopamine medicines** like pramipexole are used less than they once were, because over time they can make symptoms worse.
- For severe cases that resist everything else, a low-dose **opioid** may be used with close monitoring. Doses are set with your prescriber.

Everyday things that help

- Tell your prescriber every medicine you take. Antidepressants and antihistamines are common hidden causes of a flare.
- Cut evening caffeine, alcohol, and nicotine. All three reliably make the legs worse a few hours later.
- Move your body during the day at a moderate pace. Hard exercise late at night usually backfires.
- Do not take iron with tea, coffee, calcium, or heartburn pills. They block it. Recheck your level every few months.
- Keep a bag of options for long flights and movies: an aisle seat, a stretch break, and a plan to get up.

Get help right away if

- New numbness, weakness, or leg pain that does not ease with movement needs a same-week check.
- Tell your prescriber if a medicine brings on new urges to gamble, shop, or eat compulsively.
- If low mood turns into thoughts of ending your life, call or text **988** or go to the nearest ER.

Questions to ask your care team

- *What is my ferritin level, and should I be taking iron for it?*
- *Are any of my current medicines making my restless legs worse?*
- *Which medicine should we start with, and what should I watch for?*
- *What do I do if the symptoms start showing up earlier in the day?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.