

What Is Restless Legs Syndrome?

Restless legs syndrome is a neurological disorder that causes an overwhelming urge to move the limbs and can negatively affect sleep and quality of life.

What Are the Symptoms of Restless Legs Syndrome?

Patients with restless legs syndrome have a strong urge to move their limbs, typically their legs, and often have uncomfortable feelings such as limb achiness or tingling during the evening or night.¹ Symptoms usually develop or worsen during periods of rest (lying down or sitting) and are temporarily improved with movement. Patients with symptoms of restless legs syndrome may have difficulty falling asleep, staying asleep, and/or returning to sleep.

How Common Is Restless Legs Syndrome and What Are the Risk Factors?

Approximately 8% of US adults experience symptoms of restless legs syndrome each year, and 3% have moderately or severely distressing symptoms at least twice weekly. Restless legs syndrome affects 10% of people aged 65 years or older and is about 2 times more common among females than males. Conditions associated with restless legs syndrome include multiple sclerosis (27.5% of patients), end-stage kidney disease (24%), iron deficiency anemia (24%), peripheral nerve damage (21.5%), Parkinson disease (20%), and pregnancy—especially during the third trimester (22%). Other risk factors include having a family history of restless legs syndrome and northern European ancestry.

How Is Restless Legs Syndrome Diagnosed and Initially Managed?

Patients are diagnosed with restless legs syndrome based on their symptoms; a sleep study is not recommended for diagnosis of this disorder. Medications that can trigger or worsen restless legs syndrome (such as certain antihistamines, serotonergic antidepressants, or dopamine antagonists) should be stopped if possible. All patients should undergo blood testing for iron deficiency, and those who have iron deficiency should be treated with oral iron (ferrous sulfate, 325-650 mg daily or every other day) or intravenous iron.

What Additional Treatments Are Used for Patients With Restless Legs Syndrome?

Patients with infrequent symptoms of restless legs syndrome may be treated with as-needed medications (such as levodopa or dopamine agonists). For patients with frequent and bothersome symptoms, first-line treatment is a gabapentinoid medication (such as gabapentin or pregabalin), which improves symptoms in about 70% of patients. If symptoms continue despite first-line treat-

Restless legs syndrome (RLS) is a neurological disorder that causes a strong urge to move the limbs, typically the legs, and feelings of achiness or tingling in the limbs.

Symptoms of RLS, which usually occur in the evening, develop or worsen when lying down or sitting and can negatively affect sleep and quality of life.

Risk factors of RLS include

- Age 65 years or older
- Female sex
- Family history of RLS
- Northern European ancestry
- Multiple sclerosis
- Kidney disease
- Peripheral nerve damage
- Parkinson disease
- Low blood iron levels
- Pregnancy

Treatment of RLS includes

Patients with iron deficiency

- Oral or intravenous iron

Patients with infrequent symptoms

- Medications such as levodopa or dopamine agonists as needed

Patients with frequent and bothersome symptoms

- Gabapentinoid medications such as gabapentin
- Low-dose opioids such as oxycodone or dopamine agonists, if symptoms persist

Patients with persistent symptoms despite medication

- Peroneal nerve stimulation device worn on the legs for 30 to 60 minutes in the evening

! Certain medications can worsen RLS symptoms, including dopamine agonists used to treat RLS, if used regularly for months to years.

ment, patients may receive another gabapentinoid medication, low-dose opioids (such as oxycodone or methadone), or dopamine agonists (such as pramipexole or ropinirole). However, treatment with dopamine agonists requires close monitoring because these drugs can worsen symptoms of restless legs syndrome. Patients with persistent symptoms of restless legs syndrome despite medications may benefit from a peroneal nerve stimulation device, which is worn on the lower legs for 30 to 60 minutes, typically in the evening. This device provides electrical impulses to the peroneal nerve in the lower leg and can relieve symptoms by mimicking voluntary movement.

FOR MORE INFORMATION

National Institute of Neurological Disorders and Stroke

Author: Kristin Walter, MD, MS

Published Online: January 21, 2026.
doi:10.1001/jama.2025.26155

Author Affiliation: Deputy Editor, JAMA.

Conflict of Interest Disclosures: None reported.

Additional Information: GPT 4.1 (Open AI) generated a draft of the manuscript on December 11, 2025.

following an editor-developed prompt. The final manuscript was prepared by Dr Walter, who takes full responsibility for the content.

The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA

suggests that you consult your physician. This page may be downloaded or photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, email reprints@jamanetwork.com.

1. Winkelmann JW, Wipper B. Restless legs syndrome: a review. *JAMA*. Published online January 21, 2026. doi:10.1001/jama.2025.23247