

Restless Legs Syndrome

Relief Protocol

AN EVIDENCE-BASED PROTOCOL FOR ASSESSING AND MANAGING RLS SYMPTOMS

Restless legs syndrome affects an estimated 5-10% of adults, and the strongest, most actionable finding in the research is that it is frequently driven by low brain iron - even when a standard blood panel looks normal. This guide walks through the ferritin-first testing approach, the trigger checklist, and the evening protocol supported by the clinical evidence.

WHAT THIS GUIDE COVERS

- Step 1 — The ferritin test and why the standard "normal" range is not the right threshold
- Step 2 — Iron supplementation timing rules that determine whether it actually absorbs
- Step 3 — A trigger-avoidance checklist for caffeine, alcohol, and common medications
- Step 4 — Non-drug tools and an evening wind-down protocol
- Step 5 — When symptoms warrant a clinical workup

The Iron-First Protocol

Step 1-2

STEP 1 — TEST FERRITIN, DON'T GUESS

Ask your doctor for a serum ferritin test. The treatment threshold used in RLS-specific clinical guidance is below 75 ng/mL - well above the lab's usual "deficient" cutoff of 15-30 ng/mL. A result your doctor calls normal can still be low enough to drive symptoms.

STEP 2 — IRON TIMING RULES

- Take iron on an empty stomach when tolerated - food reduces absorption significantly.
- Separate iron from calcium, dairy, and coffee or tea by at least 2 hours - all three block absorption.
- Pair with a source of vitamin C (citrus, a small glass of juice) to roughly double absorption.
- Choose a bisglycinate / chelated form over ferrous sulfate - better tolerated, less GI dropout in trials.
- Re-test ferritin after 8-12 weeks before adjusting the dose further.

TRIGGER AVOIDANCE CHECKLIST

Caffeine, especially in the afternoon and evening

Alcohol, particularly close to bedtime

Certain antihistamines (diphenhydramine / doxylamine)

Some SSRIs and SNRIs - discuss alternatives with your prescriber, do not stop unilaterally

Vigorous exercise within 3 hours of sleep (moderate daytime exercise helps; late intense exercise can backfire)

Evening Protocol & Escalation

Step 3-5

EVENING WIND-DOWN CHECKLIST

- Stop caffeine at least 8 hours before bed
- Apply a compression or acupressure foot wrap 30-60 minutes before sleep
- Light stretching or a short walk in the early evening, not right before bed
- Warm bath or shower - the drop in body temperature afterward supports sleep onset generally
- Keep a symptom log for 2 weeks: time of onset, severity 1-10, what preceded it

WHEN TO SEE A DOCTOR

Symptoms disrupting sleep more than twice a week warrant a ferritin test and clinical evaluation. If a doctor recommends a dopamine agonist, ask specifically about augmentation risk - a documented long-term worsening of symptoms with these medications - and whether an alpha-2-delta ligand (such as gabapentin or pregabalin) is a more appropriate first-line option for your case.

A NOTE ON PREGNANCY

RLS is common during pregnancy, particularly the third trimester, and often resolves after delivery. Iron and folate status should be discussed with your OB before starting any supplement.

This guide is educational and not a substitute for medical advice. Consult a physician before starting or changing any supplement or medication regimen.