



A good overview of the update from the American Academy of Sleep Medicine - [New guideline provides treatment recommendations for RLS](#)

[Treatment of restless legs syndrome and periodic limb movement disorder: an American Academy of Sleep Medicine clinical practice guideline | Journal of Clinical Sleep Medicine](#)

Recommended treatments:

1. The first step in the management of RLS should be addressing exacerbating factors, such as alcohol, caffeine, antihistaminergic, serotonergic, anti-dopaminergic medications, and untreated obstructive sleep apnea (OSA).
2. Check iron studies. Supplement iron if ferritin < 75 ng/ml
3. Identify and treat OSA
4. Gabapentin
5. Pregabalin
6. Avoid levodopa, ropinirole, pramipexole, benzo when possible.

1.	In all patients with clinically significant RLS, clinicians should regularly test serum iron studies including ferritin and transferrin saturation (calculated from iron and total iron binding capacity, TIBC). The test should ideally be administered in the morning avoiding all iron-containing supplements and foods at least 24 hours prior to blood draw. Analysis of iron studies greatly influences the decision to use oral or intravenous (IV) iron treatment. Consensus guidelines, which have not been empirically tested, suggest that supplementation of iron in adults with RLS should be instituted with oral or IV iron if serum ferritin ≤ 75 ng/mL or transferrin saturation < 20%, and only with IV iron if serum ferritin is between 75 ng/mL and 100 ng/mL. In children, supplementation of iron should be instituted for serum ferritin < 50 ng/mL with oral or IV formulations. These iron supplementation guidelines are different than for the general population.
2.	The first step in the management of RLS should be addressing exacerbating factors, such as alcohol, caffeine, antihistaminergic, serotonergic, anti-dopaminergic medications, and untreated obstructive sleep apnea (OSA).
3.	RLS is common in pregnancy; prescribers should consider the pregnancy-specific safety profile of each treatment being considered.

In adults with RLS, the AASM suggests against the standard use of ropinirole (Conditional



recommendation, moderate certainty of evidence).

In adults with RLS, the AASM suggests against the standard use of pramipexole (Conditional recommendation, moderate certainty of evidence)

[CMDA Journal Club 1-7-25 _Updated_Treatment_Guidelines_for_RLSDownload](#)

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