

RAYNAUD'S PHENOMENON

Is the most common early symptom of Scleroderma. It is present at one time or another in about 90% of patients.



scleroderma **australia**

Raynaud's Phenomenon

Raynaud's Phenomenon is a condition that causes reduced blood flow to the hands and feet that can impact and restrict mobility. It can be a stand alone condition, that is Primary Raynaud's or it can be associated with one or more Autoimmune diseases when it is known as Secondary Raynaud's. The smaller arteries supplying blood to the skin constrict excessively, most commonly in response to the cold, causing reduced blood flow to the area, eg fingers or toes. This causes the area to change in colour ranging from blue, white and pink as the flow reduces then increases again as the arteries return to normal. Its cause is not known and there is no cure. The phenomenon affects the blood flow throughout the body, more specifically the extremities, mainly the hands and feet but also the nose and ears as well.

Primary Raynaud's is the more common form of the disease and is often milder than Secondary Raynaud's. It has no known underlying cause and many people do not seek medical treatment. It is thought that about 10% of women and 5% of men in the general population have Primary Raynaud's disease.

Secondary Raynaud's is frequently associated with Systemic Sclerosis, Lupus and Rheumatoid Arthritis in which case it is a more serious condition requiring careful monitoring and care. Usually Secondary Raynaud's is more complex requiring treatment and care for the underlying condition.

Colour changes with a Raynaud's Attack:

- White skin; the blood supply gets cut off to skin.
- Blue skin; the blood trapped in the skin loses its oxygen.
- Red skin; when blood flow returns to normal.



Photo: Raynauds Phenomenon can cause painful numbness and changes in skin colour.

Diagnosis It can be difficult to differentiate between Primary and Secondary making a professional diagnosis recommended.

A diagnosis can be made by a Doctor in a number of ways including medical history, blood test and cold response test. There is no one simple test to diagnose Raynaud's rather the person is observed in order to note changes in the blood flow particularly in the hands. Some cases require pathology or imaging testing to diagnose.

Symptoms Hands, feet, nose and ears may experience change in colour while hands and feet tingle, or feel numb and cold and often painful. Some extreme cases will suffer from digital ulcers due to lack of blood supply requiring medical intervention.

Triggers Varying circumstances can trigger an attack such as cold weather, moving from a warm area to a cold area, stress and change in medication.

Treatment In milder cases treatment is generally limited to quitting smoking or avoiding cigarette smoke, dressing warmly including gloves, a coat, scarf and a hat, avoiding temperature changes, avoiding stress as much as possible, using gloves when accessing items in the freezer, using moisturisers on hands and feet to prevent dry skin, using rubber gloves in dish water, eating healthily, keeping active and resting adequately. More severe cases require medical intervention including blood pressure lowering medication or Calcium Channel Blockers. Additional treatment such as iloprost infusions in hospital may be needed if Raynaud's is associated with severe and recurrent digital ulcers.



It is important to seek medical advice if you have any concerns regarding Raynaud's. Early treatment may lead to better outcomes.

PRIMARY RAYNAUD'S

is not linked to another condition

may have milder symptoms and
does not cause damage to the skin

may mostly be managed with
practical steps

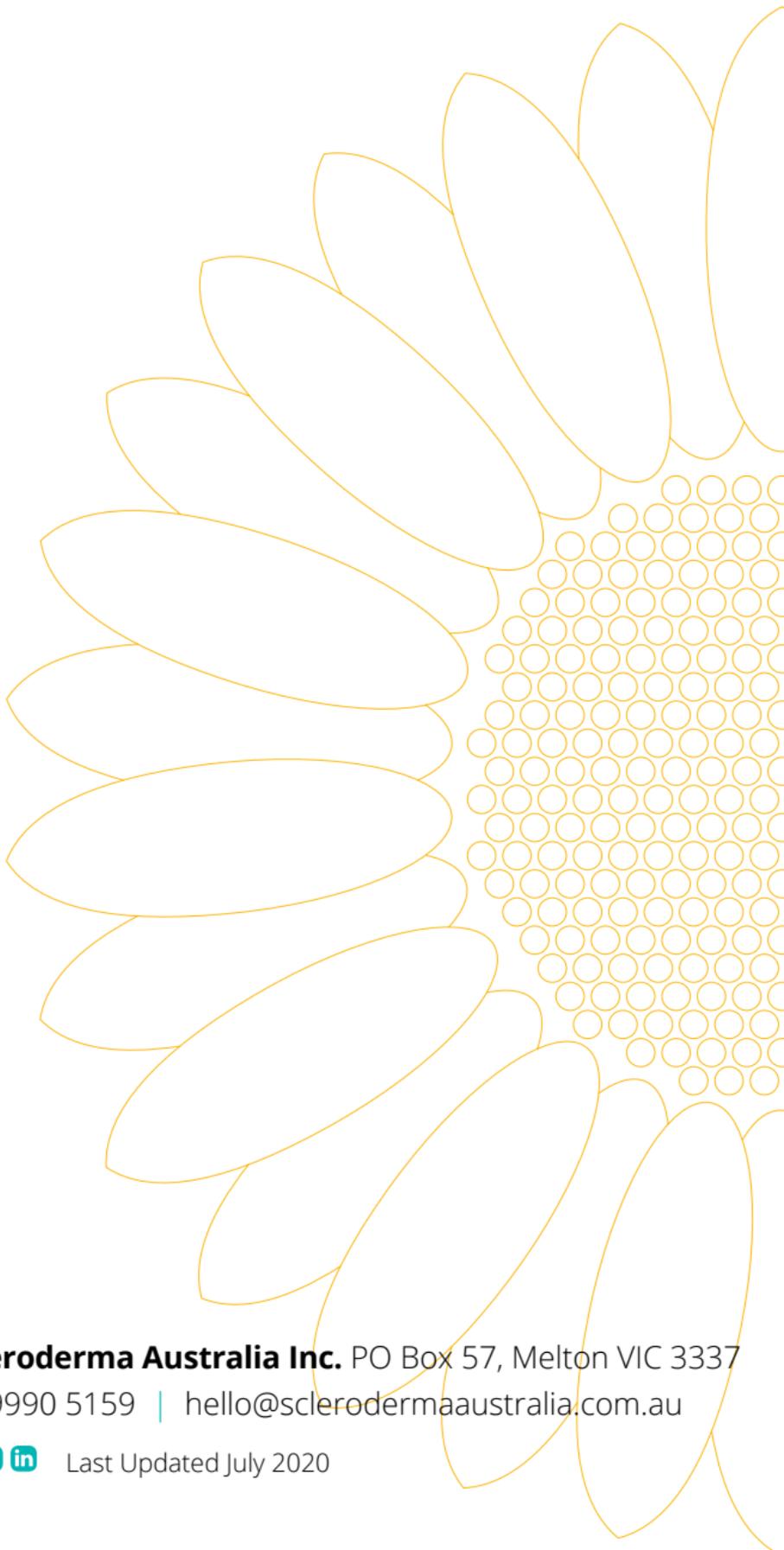
SECONDARY RAYNAUD'S

is linked to another condition

may have more severe symptoms
like finger ulcers

may need medical treatment

Diagram: Comparison of the two forms of Raynauds Phenomenon.



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