Raynaud’s phenomenon

Summary
- Raynaud’s phenomenon is the short-term interruption of blood flow to the extremities, such as the fingers and toes.
- Raynaud’s phenomenon may be a sign of an underlying autoimmune disorder such as scleroderma or lupus, so it’s important to see your doctor for diagnosis.
- Management options include avoiding cold weather and sudden temperature changes.

Raynaud’s phenomenon is a condition that can cause discomfort as the blood supply to your fingers and toes becomes reduced. When this happens, you’ll notice your fingers or toes change colour.

It can happen in cold temperatures or emotionally stressful situations.

Raynaud’s phenomenon can be primary, where it occurs on its own, or it can be secondary when it’s linked to another disease or condition. Raynaud’s phenomenon can last from just a few minutes to many hours.

Around five per cent of the population has the condition to some degree. It’s much more common in women and girls, with those under the age of 25 more commonly affected.

Raynaud’s phenomenon doesn’t usually cause permanent damage. However, it can be a symptom of more serious underlying illnesses, so it’s important to see your doctor if you experience it.

Symptoms of Raynaud’s phenomenon

The body prevents heat loss in cold weather by redirecting the blood away from the extremities such as the fingers and toes. In a person with Raynaud’s phenomenon, this reaction is exaggerated. The blood vessels constrict tightly, starving the tissues of blood and causing the characteristic blue or white colour change.

When blood flow returns, the skin turns from blue to red and finally back to its normal colour. Circulation to the rest of the body is generally perfectly normal. There can also be pain, tingling and numbness in the fingers or toes.

Primary Raynaud’s phenomenon

Primary Raynaud’s phenomenon (or Raynaud’s disease, or just Raynaud’s) is the most common form of Raynaud’s phenomenon. It’s referred to as ‘idiopathic’ because there is no clear underlying cause. It’s often so mild that the person never seeks medical attention.

Secondary Raynaud’s phenomenon

Secondary Raynaud’s phenomenon is generally more complex and serious than primary Raynaud’s. The most common causes of secondary Raynaud’s are underlying autoimmune disorders such as rheumatoid arthritis, scleroderma and systemic lupus erythematosus (SLE or lupus).

Other common causes of secondary Raynaud’s phenomenon are:
- mechanical vibration – such as using a power tool (for example chainsaws, Sanders or hammer drills) for long periods. This is known as ‘industrial white finger’
- atherosclerosis – a condition that involves narrowing of the arteries caused by a build-up of fatty plaques
- smoking – constricts blood vessels
- some medications – such as beta blockers, which contain ergotamine, certain chemotherapy agents and medication that causes blood vessels to narrow

betterhealth.vic.gov.au
Diagnosing Raynaud’s phenomenon

It’s not hard to diagnose Raynaud’s phenomenon, but it’s sometimes hard to tell the difference between the primary or secondary form of the disorder.

Your doctor may use a range of methods to decide which form a person has, including:

- a complete medical history
- physical examination
- blood tests
- examining fingernail tissue with a microscope.
- a cold stimulation test for Raynaud’s phenomenon.

Treating Raynaud’s phenomenon

For most people, primary Raynaud’s phenomenon is a nuisance rather than a disabling condition. However, if Raynaud’s phenomenon does occur, warming the body and the extremities is helpful. If you’re outside, go indoors and soak fingers or toes in warm water. If a stressful situation triggers the attack, try to remove yourself from the situation and relax.

The general response to secondary Raynaud’s phenomenon is to treat the underlying illness (such as lupus or rheumatoid arthritis). In severe cases, to prevent tissue damage you may be prescribed medication that dilates your blood vessels. Surgery may be needed if you develop skin ulcers or serious tissue damage.

Preventing Raynaud’s phenomenon

There is no cure for Raynaud’s phenomenon. Managing the condition requires avoiding known triggers, particularly exposure to cold temperatures.

Some suggestions include:

- Avoid prolonged exposure to cold weather or sudden temperature changes, such as leaving a warm house on a cold day or air conditioned rooms in hot weather.
- Make sure your whole body is kept warm, using several layers of clothing to trap body heat. Keep your extremities warm with gloves and woollen socks. Some people also find it helpful to use hand warmers available from outdoor shops.
- It may be helpful to talk with an occupational therapist about ways you can do your everyday tasks, while at the same time protecting your hands and feet.
- Be aware that even holding something cold, such as a can of drink, can trigger symptoms.
- Don’t smoke cigarettes or drink caffeinated beverages, as nicotine and caffeine constrict blood vessels.
- Review your medications with your doctor. You may need to find alternatives to medications that cause you to experience a Raynaud’s attack.
- Learn to recognise and avoid stressful situations. Stress and emotional distress can trigger an attack, particularly for people with primary Raynaud’s phenomenon.
- Relaxation may decrease the number and severity of attacks you experience.
- Keep a journal detailing when episodes occur. Triggers for these episodes may become evident.
- Look after your hands and feet. Dry hands and feet can develop skin cracks, so it’s important to moisturise them to prevent dryness. Protect your hands when in water with barrier creams or rubber gloves.
- Exercise regularly to maintain blood flow and skin condition. Physical activity can also help increase your energy levels, control your weight, improve your cardiovascular (heart) fitness and help you to sleep better. Talk to your doctor before starting any exercise program.
- Eat a healthy and well balanced diet for general overall good health.

Complications of Raynaud’s phenomenon

In most cases, Raynaud’s phenomenon is harmless and has no lasting effects. However in severe cases loss of
blood flow can permanently damage the tissue.

Complications of severe Raynaud’s phenomenon include:

- impaired healing of cuts and abrasions
- increased susceptibility to infection
- ulceration
- tissue loss
- scarring
- gangrene.

Talk with your doctor if you notice any of these problems or if you notice other changes to your symptoms.

**Where to get help**

- Your doctor
- **Musculoskeletal Australia**, National Help Line Tel. [03] 8531 8000 or 1800 263 265

---

**This page has been produced in consultation with and approved by:**

Musculoskeletal Australia - formerly MOVE

---

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

**Copyright © 1999/2019 State of Victoria. Reproduced from the Better Health Channel**

(www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.