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 extremities becomes reduced. In general, fingers and toes are affected, but other parts of your body such as your nose, lips and ears can be affected too. It can happen in cold temperatures or when you’re in an emotionally stressful situation.

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

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

Symptoms of Raynaud’s phenomenon

Your body protects your internal organs (your core) from heat loss in cold weather by redirecting the blood away from the extremities such as the fingers and toes. With Raynaud’s phenomenon, this reaction is exaggerated. Blood vessels in your extremities narrow, starving the tissues of blood and causing the characteristic blue or white colour change. When this happens, you may experience stinging pain, tingling and numbness in your fingers or toes.

When blood flow returns, the skin turns from blue to red and finally back to its usual colour. Circulation to the rest of the body is generally unaffected.

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 affects more women than men, generally under the age of 30. If you have a family member with primary Raynaud’s, you’re more at risk of developing it. Primary Raynaud’s phenomenon is 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’
- carpal tunnel syndrome
- atherosclerosis – a condition that involves narrowing of the arteries caused by a build-up of fatty plaques, and can hamper blood flow to the extremities
- smoking – constricts blood vessels

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• some medications – such as beta blockers, some chemotherapy agents and medication that causes blood vessels to narrow
• frostbite.

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 you have, 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. Keeping your body and extremities warm and dressing appropriately for the cold with gloves, thick socks and warm layers can help to prevent attacks.

However, if a Raynaud’s attack does occur, warming the body and the extremities is helpful. If you’re outside, go indoors and soak fingers or toes in warm (not hot) water. If you can’t go indoors, try to warm your fingers or toes by wiggling them. You could also place your hands under your armpits, make circles with your arms or try to massage your hands or feet. If a stressful situation triggers the attack, try to remove yourself from the situation and relax.

Talk with your doctor if your Raynaud’s isn’t controlled by these simple measures. You may need to be prescribed medications that widen your blood vessels and improve circulation.

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 and stressful situations.

Things you can do to prevent an attack 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. Hand warmers are also helpful.
• 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.

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• Exercise regularly to maintain blood flow and skin condition. Physical activity can also help increase your
ergy 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 GP (doctor)
• Musculoskeletal Australia National Help Line Tel. 1800 263 265

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