

RAYNAUD DISEASE & PHENOMENON

NOLENSVILLE FAMILY MEDICINE
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BASIC INFORMATION

DESCRIPTION

- Primary Raynaud or Raynaud disease is a disorder of the circulatory system. It is more common in females ages 20 to 40.
- Secondary Raynaud or Raynaud phenomenon is a circulatory system disorder that occurs as a complication of other diseases. It can affect anyone who has the underlying disease.
- Both types involve small blood vessels in the body. They usually affect blood circulation to the fingers, but they may affect the toes, and rarely, nose, lips, nipples, knees, and ears. Symptoms may develop over a period of years. In secondary Raynaud, symptoms may begin suddenly.

FREQUENT SIGNS AND SYMPTOMS

- When exposed to cold or after emotional stress, fingers turn pale followed by a bluish tinge, then redness.
- Numbness and tingling occur along with the color changes. Pain is not common, but can occur.
- Warmth helps relieve these symptoms. Hands may become swollen and painful when warmed.

CAUSES

The exact cause is unknown. The blood vessels may constrict (narrow) due to cold or emotional stress, or there may be increased thickness to the blood.

RISK INCREASES WITH

- Smoking, which impairs circulation to hands and feet.
- Autoimmune disorders, such as scleroderma, lupus erythematosus, rheumatoid arthritis, or others.
- Environmental factors, such as use of vibrating tools or exposure to certain chemicals or toxins.
- Infections, such as hepatitis B and C.
- Cancers, such as leukemia and lymphoma.
- Metabolic disorders, such as diabetes.
- Heart, blood vessel, or nerve disorders.
- Certain drugs.

PREVENTIVE MEASURES

- Don't smoke. It triggers the disorder. Raynaud is rare among nonsmokers. Avoid secondhand smoke.
- Obtain medical care for disorders listed as risk factors.

EXPECTED OUTCOMES

- Most persons cope well with Raynaud disorder and live a normal life span. In about half of the patients, the disease may improve or disappear after several years.
- Secondary Raynaud may be curable if the underlying cause can be cured.

POSSIBLE COMPLICATIONS

- Fingertip or toe ulcers (open sores).
- Smooth skin on fingertips or toes.
- Gangrene and amputation (most severe cases only).



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam of the affected areas and ask questions about your symptoms and activities. Medical tests may include blood studies and a cold challenge test (putting hands in cold water). A nailfold capillary test may be done to check tiny blood vessels in the skin at the base of a fingernail.
- Treatment involves treating any underlying cause, lifestyle changes, and drugs.
- Stop smoking. Symptoms will improve if you do.
- Avoid trigger factors, such as use of vibrating tools.
- Avoid exposure to cold if possible. Wear mittens or gloves outdoors and when handling ice or frozen foods. Wear comfortable, roomy shoes and wool socks.
- Avoid drugs which can worsen symptoms (such as beta-blockers, ergot drugs, and clonidine)
- Use caution in handling iced drinks or being in air-conditioned rooms.
- Avoid stressful situations. Learn relaxation techniques.
- Biofeedback training to teach you how to raise skin temperature may be helpful.
- Surgery to sever (cut) sympathetic nerves to the involved hands or feet (rare).
- To learn more: Raynaud's Association, 94 Mercier Ave., Hartsdale, NY 10530; (800) 280-8055; website: www.raynauds.org.

MEDICATIONS

- Vasodilator drugs may be prescribed. They help dilate (widen) blood vessels to improve blood circulation.
- Topical drugs to be applied to the fingertips may be prescribed to protect them from skin ulcers.

ACTIVITY

No limits, except to keep warm. A regular exercise program is recommended. Exercise improves circulation.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of Raynaud.
- Discomfort worsens, despite treatment.
- Ulcers that do not heal appear on fingers or toes.

Special notes:

More notes on the back of this page