



ARTHRITIS FOUNDATION

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RAYNAUD'S PHENOMENON

This information leaflet is published by the Arthritis Foundation
as part of our continuing education
programme for all people with arthritis.



The Bone and Joint Decade is a global campaign to improve the quality of life for people with musculoskeletal conditions and to advance understanding treatment of those conditions through research, prevention and education.

About this booklet

This booklet has been produced for anyone interested in finding out more about Raynaud's phenomenon. We want to explain as much as possible about the condition. However, we cannot hope to answer all your questions. Everyone with this disorder is different and this booklet is not intended to replace an individual consultation with a doctor.

We start out by explaining what this condition is. We go on to say something about other conditions which Raynaud's can be associated with, how these can be checked out, and what can be done to help.

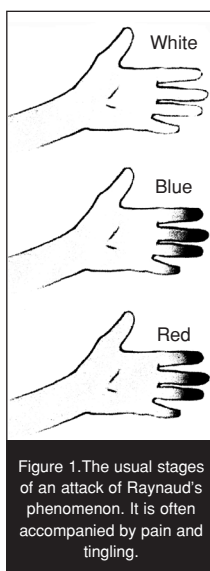
What is Raynaud's phenomenon?

If you have Raynaud's phenomenon your hands, and sometimes your feet, change colour when exposed to cold conditions. Typically the hands go white, then blue, and then red as follows:

White: as the blood supply to the fingers is reduced

Blue: as the blood in the fingers becomes short of oxygen, and finally...

Red: as the blood comes rushing back when the hands become warm again.



Many people do not experience all three stages. For example, the hands may simply go blue then red. These colour changes can be painful, and can be accompanied by a tingling feeling. People with Raynaud's phenomenon often complain of cold feet as well, and the tip of the nose may also feel uncomfortable and change colour in the cold. Examples of the sort of situation that might bring on an 'attack' of Raynaud's are going out on a cold day or reaching into the freezer to take out some frozen food.

What causes Raynaud's phenomenon?

We do not fully understand why some people develop Raynaud's phenomenon, but others do not. For some reason the blood supply to the fingers and toes is reduced, especially in the cold. The blood supply to the fingers and toes is controlled by nerves connected to the blood vessels. The nerves can shut off the blood supply in response to certain situations, one of which is exposure to conditions of severe cold - this normal response prevents a loss of heat from the body. People with Raynaud's phenomenon probably have an abnormal response to cold and shut off the blood supply more quickly than normal. Emotional changes, such as anxiety, can also cause an attack of Raynaud's by triggering the nerves to shut down the blood supply.

Can Raynaud's phenomenon occur in association with other conditions or diseases?

Yes, it often occurs in association with other conditions. However, it is also common for Raynaud's phenomenon to occur on its own. When Raynaud's Phenomenon is *not* associated with any other condition, it is called *primary*. When associated with other conditions it is called *secondary*. Primary Raynaud's phenomenon is quite common, especially in young women and teenage girls. Secondary Raynaud's phenomenon occurs as part of a number of conditions which are treated by specialist doctors known as rheumatologists, for example scleroderma (also called systemic sclerosis) and systemic lupus erythematosus (SLE) or lupus. (See AF booklets 'Scleroderma' and 'Lupus'. Raynaud's phenomenon can also occur as a result of using vibrating machinery, when it is called 'vibration white finger' or 'hand-arm vibration syndrome'.

It can also sometimes occur as a side-effect of certain drugs such as beta-blockers which are used in the treatment of raised blood pressure and angina.

Who gets it?

As described above, primary Raynaud's phenomenon most often affects young women and teenage girls.

However, it can also occur in men, children and older people.

What are the symptoms and signs?

Typically the hands change colour in cold weather and there may be pain, tingling and numbness. These 'attacks' often only last a few minutes. Moving into a warmer environment often stops the attack. Some people find that their feet are also affected so that they become very cold and change colour.

In primary Raynaud's phenomenon, the fingers always go back to normal after each attack. Attacks can be a nuisance and can cause a lot of discomfort, but they do not damage the fingers or cause permanent discolouration. Secondary Raynaud's phenomenon can be very severe and can cause finger ulcers and, rarely, gangrene of the fingertip. However, we must stress that this really is very rare and does not occur in primary Raynaud's phenomenon.

What should I do if I have Raynaud's phenomenon?

If you have recently developed any symptoms of Raynaud's phenomenon, then it is best to go to your family doctor (GP) to be checked out. If you are a young woman, it may well be primary Raynaud's phenomenon. If your doctor is in any doubt then s\he will arrange some further tests. These may need to be done at the hospital.

What tests are done for Raynaud's phenomenon?

The type of tests will depend on what exactly your doctor is looking for. This will depend on your symptoms and what the doctor found by examining you. Tests

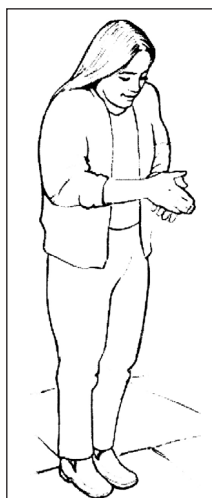


Figure 2. Raynaud's phenomenon mainly affects the hands and feet.

are done to distinguish between the primary and secondary forms of the condition.

The most common tests are:

- blood tests, to check the blood count (the number of white and red cells in the blood) and the body's immune system (self-defence system).
- an x-ray to look for an extra rib at the base of the neck (called a 'cervical rib'). This can cause Raynaud's phenomenon by causing pressure on the blood vessels which supply the arms.
- a test called 'nailfold microscopy'. This involves having the tissue at the base of your fingernail examined under a microscope. The doctor can then see the small blood vessels and check if these are normal. This test is only available in some hospitals but a good view of these blood vessels can be obtained in most clinics using a magnifying lens.

Will I always have Raynaud's phenomenon?

Probably, yes. But if there is an underlying cause of the Raynaud's phenomenon, then it is sometimes possible to remove or treat this. For example, Raynaud's caused by taking beta-blocker tablets can be 'cured' by stopping this medication. However, you must ask your doctor before stopping any regular medication.

Can Raynaud's be treated?

Yes, there are several ways to help Raynaud's phenomenon, as described below. Many of these are common sense. There are also a number of medications which may help.

Keeping warm

This cannot be overemphasised. You should wear warm gloves when outdoors in cold weather. Warm your hands before you put

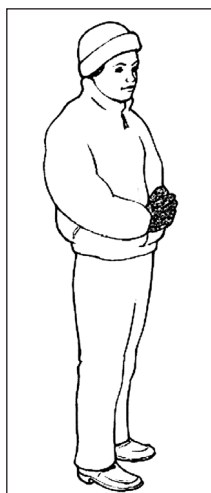


Figure 3. Make sure you dress warmly in cold weather.

the gloves on. Make sure that you also wear socks and a hat. Remember, too, to keep your body warm generally by dressing suitably for the cold weather. Your local hospital Occupational Therapy Department will also be able to provide further information. In addition, there are many small portable heating aids available from outdoor shops and catalogues.

Stopping smoking

Smoking can damage the circulation, so if you have Raynaud's phenomenon you should not smoke.

Drug treatment

There are a number of different drugs which are prescribed for Raynaud's phenomenon. Most of these work by making the blood vessels wider. Examples include nifedipine (or Adalat) and thymoxamine (or Opiion). Unfortunately, there is no drug which will act only on the blood vessels in the fingers and toes, so these medications may also cause flushing of the face, headaches or dizziness.

However, many people experience no side-effects from the drugs and find them very useful. In severe cases – almost always cases of secondary Raynauds – drugs may be given as a drip, intravenously. These intravenous drugs act directly on the blood vessels, causing them to open up. The most commonly used intravenous drug is iloprost.

Special diets and complementary medicine

There is no particular food or diet which has been definitely proved to help Raynaud's phenomenon. However, it is important to eat a healthy and balanced diet.

Is there anything I should watch out for in particular?

If your Raynaud's suddenly becomes more severe then this may need urgent attention. Particular things to watch out for are ulcers of the fingers or toes, or a

colour change which does not quickly go away as usual. Usually these problems are very painful. If you develop one of these symptoms you should consult your doctor as soon as possible. But these problems are uncommon, and they are not usually experienced by people with primary Raynaud's phenomenon.

Does Raynaud's phenomenon run in families?

There is some evidence to suggest that more than one member of a family can be affected, although this is uncommon.

Conclusion

Raynaud's phenomenon can be primary, where it occurs on its own, or secondary to another disease or condition. If there is an associated disease or condition, then it is important that this is diagnosed as it may need special treatment. Primary Raynaud's phenomenon is not usually very severe, although it can be very uncomfortable. The most important thing is to keep warm and avoid sudden changes in temperature. Research is being carried out so that we can understand Raynaud's phenomenon more fully and develop better ways of treating it in future.

NATIONAL OFFICE

709 Tulbagh Centre
HansStrifdom Avenue
CapeTown 8001
PO Box 6775
Roggebaai 8012

Tel: (021)425-2344
Fax: (021)421-7330
Website: <http://www.arthritis.org.za>
E-mail: info@arthritis.org.za
National Helpline: 0861303030

Johannesburg Branch

POBox87360,Houghton 2041
Tel: (011)485-0199
Fax: 0867295321
E-mail: nadine@arthritis.org.za

Soweto COPE

Tel: (011)982-6315

Pretoria Branch

PO Box 145,
Menlyn 0063
Cell: 0735804199
Tel: (012)998-7203
Fax: 0866957117
E-mail: patvdv@arthritis.org.za

Bloemfontein Branch

POBox20269,Willows 9320
Cell: 0829214234
Fax: (051)447-0451
E-mail: corrie@arthritis.org.za

Eastern Cape Branch

POBox7740
NewtonPark 6055
Tel: (041)365-1419
Cell: 0825760382
E-mail: jeanette@arthritis.org.za

Western Cape Branch

705Tulbagh Centre
HansStrifdom Avenue
CapeTown 8001
POBox6775
Roggebaai 8012

Tel: (021)425-4759
Fax: (021)421-7330
E-mail: julie@arthritis.org.za

Kwazulu-Natal Branch

POSTNET#309
P/BX04,Dalbridge 4014
Tel/Fax:(031)201-8812
E-mail: revor@arthritis.org.za

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Registered Non-profit Organisation Number 002847NPO

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