



Podiatry

Raynaud's phenomenon

Raynaud's phenomenon

Raynaud's phenomenon is a spasm of the arteries supplying the fingers, toes, ears or nose which causes pain and bluish-white, cold skin in the affected body part. It is thought to affect as many as 10 million people in the UK.

The exact disease process involved in the condition is not yet clear but it is likely that many different factors play a part in different cases. For example, researchers have identified abnormalities in the blood vessels, the blood clotting system, the nerve supply to the arteries and the body chemicals which control the widening and narrowing of the blood vessels.

Raynaud's affects nine times as many women as it does men. It can be genetically inherited; in these cases it tends to be a milder form.

It is quite common in teenagers, although many are only affected for a few years before it disappears when they are in their early 20s.

Symptoms

The trigger for an episode is usually either exposure to the cold or mechanical stress (such as intense vibration, for example from using a drill). This causes the arteries to narrow, which cuts off blood supply to the skin and triggers the symptoms. It most often affects the fingers and toes. The skin turns white, then blue (for some people) before eventually going bright red (after a matter of minutes or sometimes longer) whilst the blood flow returns.

This final stage of blood-flow return is often severely painful and occasionally there is numbness or tingling. Affected and non-affected skin areas are often clearly divided. These symptoms are usually completely reversible but in severe cases there can be lasting damage and skin ulcers.

Types

Primary - The most common form with no identified cause (known as Raynaud's disease).

Secondary - This is when it's associated with an underlying disease, especially auto-immune conditions (such as scleroderma, rheumatoid arthritis, Sjogren's syndrome or systemic lupus erythematosus), and certain infections, tumours and drug treatments. When a person first develops Raynaud's phenomenon it is important to rule out such underlying causes.

Treatment

In cases of secondary Raynaud's phenomenon, the appropriate treatment depends on the underlying condition. People with Raynaud's may have to avoid everyday activities for fear that exposure to temperature change will trigger symptoms. Going outdoors in cold weather is an obvious example, but just opening a fridge or holding a cold drink could be all that is needed to trigger an attack.

Regular exercise is a good way of stimulating the circulation. Eating regularly throughout the day helps, in particular hot meals and drinks. Not smoking and a well balanced diet is essential for overall health of the circulatory system.

People who experience mild attacks usually only need to ensure that they avoid sudden temperature changes and wear warm clothing to protect them from the cold. In severe cases these tips have successfully helped many people to self-manage their Raynaud's:

- Use portable heating devices to warm up your gloves and socks before stepping outside.
- Put a foil-wrapped baked potato in each coat pocket before going out.
- Wear oven gloves when using the fridge or freezer.
- Identify and avoid anything which has triggered attacks such as certain medications or use of vibrating tools.

In more severe cases medicines can be used to help maintain normal blood flow. Some people also benefit from taking evening primrose oil, ginger, garlic, and vitamins C and E, however there is little scientific evidence to support these as effective treatments.

If symptoms don't reverse and the extremity becomes ulcerated or deteriorates, urgent review and treatment from your GP or podiatrist (in the case of feet) is advised.

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We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the PALS and complaints team on freephone 0800 328 7971.

Notes

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The Podiatry Service is part of our Older People Directorate.

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