



PATIENT FACT SHEET

Raynaud's Phenomenon



CONDITION DESCRIPTION

Raynaud's Phenomenon (RP) results when there is a decrease in blood flow to the fingers and toes when someone is exposed to cold weather or stress. The fingers or toes typically change colors including white, blue and red. This can be associated with a "pins and needles" sensation (numbness) or discomfort. These symptoms occur intermittently, and are known as "episodes" or "attacks", and tend to resolve on their own.

It is important to know there are two types of Raynaud's Phenomenon – these are referred to as "primary" and "secondary". Primary Raynaud's typically affects women typically under the age of 30 (usually in the teenage years or early twenties). While symptoms can be uncomfortable, there is no danger of damage to the body. Primary Raynaud's occurs in patients who do not have another rheumatic disease. Secondary Raynaud's

is "secondary" to another condition. These conditions are numerous and can include several autoimmune conditions. The most common rheumatic diseases associated with Raynaud's include scleroderma and lupus, but can include others such as rheumatoid arthritis, inflammatory myositis, and Sjögren's syndrome. Often, the onset of secondary RP is later in life – usually after the age of 30.

Patients with either primary or secondary RP will typically report color changes of the fingers or toes that occur in response to a number of triggers – cold weather and stress are most commonly reported. Symptoms can also occur in the frozen food aisle at the grocery store, or due to air conditioning. Rheumatologists are typically needed to differentiate whether Raynaud's is primary or secondary.



SIGNS/ SYMPTOMS

The fingers or toes typically change colors including white, blue and red due to decreased blood flow. This can be associated with a "pins and needles" sensation (numbness) or discomfort. These symptoms occur intermittently, and are known as "episodes" or "attacks", and tend to respond on their own.

Patients with either primary or secondary RP will typically report color changes of the fingers or toes that occur in response to a number of triggers – cold weather and stress are most commonly reported. Oftentimes, this occurs outside, in the frozen food aisle at the grocery store, or due to air conditioning. Rheumatologists are typically needed to differentiate whether Raynaud's is primary or secondary.



COMMON TREATMENTS

Raynaud's can be managed with both lifestyle modifications and medications. Lifestyle modifications include keeping the body warm, specifically, keeping the core of the body warm. Often times patients will use hand warmers and mittens/gloves to help keep the fingers warm. Stress reduction and smoking cessation are also recommended to help decrease Raynaud's attacks.

Many patients can control their symptoms with lifestyle modification alone. However, sometimes medications are needed, and many options are available. These include blood pressure medications such as calcium channel

blockers (amlodipine, nifedipine, felodipine, and others) and angiotensin-receptor blockers. These medications act by increasing blood flow to the fingers and toes. For patients with more severe symptoms or who have developed complications such as ulcers on the fingertips, other medications can be used including sildenafil or prostacyclins.

Sometimes, patients will also be prescribed other medications that can help improve symptoms, including topical creams, selective-serotonin-reuptake inhibitors (SSRIs), or cholesterol-lowering (statin) medications.



CARE/ MANAGEMENT TIPS

Children with localized scleroderma should live as normally as possible. They should continue to go to school. Children with severe disease, who may have impaired ability to walk or write, may need accommodations or therapy to adapt movements.

Children should stay active, although those at risk for skin breakdown or with severe joint problems may need to limit contact sports. Cosmetics help make skin lesions on the face or limbs less noticeable.

Patients need yearly check-ups with their pediatric rheumatologist to ensure that treatments are controlling their inflammation. Localized linear scleroderma can persist for years or recur after years of inactive disease. Regular eye and skin exams can spot serious complications early so treatment can be prescribed.