



Oxford Health
NHS Foundation Trust

Podiatry

Raynaud's phenomenon

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About Raynaud's phenomenon

Raynaud's phenomenon is an exaggerated narrowing reaction of the arteries supplying the fingers, toes, ears or nose which causes pain and bluish-white, cold skin in the affected body part. 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.

It is thought to affect as many as 10 million people in the UK.

It is more common in women and may start before the age of 30. Sometimes it runs in the family.

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

Types

Primary Raynaud's

The most common form with no identified cause. We don't fully understand what causes it, although scientists are working to find out. Around 1 in 10 people with primary Raynaud's have or go on to develop an autoimmune condition. So, if your symptoms get worse or you develop new ones, it's important to see your GP and get it checked out.

Secondary Raynaud's

It happens because of an underlying autoimmune condition such as scleroderma, lupus, Sjogren's syndrome, Rheumatoid arthritis. It can also be caused by certain infections, tumours or certain medications.

When a person first develops Raynaud's phenomenon it is important to rule out such underlying causes.

Symptoms

The trigger of an episode is usually either exposure to cold or sudden temperature changes. Sometimes stress can also trigger it. This causes the arteries to narrow, which cuts off blood supply to the skin and trigger the symptoms.

Raynaud's symptoms may include:

- cold fingers and toes
- skin turns white, then blue (for some people) before going bright red (after a matter of minutes or sometimes longer) whilst the blood flow returns.
- numbness
- tingling
- pain (stinging or throbbing)

These symptoms are usually completely reversible but in severe cases there can be lasting damage and skin ulcers.

- ❗ 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.

Treatment

There is little reliable evidence to show that medical treatments work and it is for this reason that prevention is most important.

- ✅ Identify and avoid anything which has triggered attacks such as certain medications or use of vibrating tools.
- ✅ Stay warm. Wear gloves and long, warm socks when it's cold. You may also try wearing bed socks.
- ✅ Avoid sudden changes of temperature or cold damp environments when you can.
- ✅ Rewarm slowly. You may put them in and out of warm but not hot water, then cold water, this is one easy way of rewarming them safely.
- ❗ Do not put your hands and feet in front of a direct heat source for example radiator, hot water bottle.
- ✅ If you smoke, stopping is one of the best things you can do to help with Raynaud's. That's because it restricts the blood flow to the skin.

- ✔ Manage stress
- ✔ Stay active
- ❗ In some severe cases, medicines such as vasodilators can be used to help open up your arteries and improve blood flow. Speak to your GP if you are concerned.

Individual advice

Accessibility

Patient information leaflets are available on our website:
www.oxfordhealth.nhs.uk/leaflets

Get in touch

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 Trust Headquarters
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Feedback

Our Patient Advice and Liaison Service (PALS) provides advice and support to patients, families, and carers, helping to resolve any problems, concerns, or complaints you may have.

Phone 0800 328 7971

Email PALS@oxfordhealth.nhs.uk

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