BMJ Best Practice

Patient information from BMJ

Last published: Sep 03, 2019

Raynaud phenomenon

Raynaud phenomenon is a condition that can suddenly cut off the blood flow to parts of your body, usually your fingers and toes, for short periods of time.

What is Raynaud phenomenon?

If you have Raynaud phenomenon your fingers, toes, and other parts of your body suddenly become numb, white, and cold.

This happens when small blood vessels in your fingers and toes become narrow, which stops your blood flowing through them normally. These attacks usually happen during cold weather, but some people get attacks if they feel upset or stressed. Just a small change in temperature can trigger an attack.

Raynaud phenomenon is more common in women than in men.

It's not clear what causes Raynaud phenomenon in most people. But some people get it as a result of another illness, such as other problems with blood vessels, or an immune system illness called lupus.

People who work with vibrating tools, such as jackhammers, also have a greater chance of getting Raynaud phenomenon.

This information is about treating Raynaud phenomenon that is not connected to a more serious condition.

What are the symptoms?

Having Raynaud phenomenon is not the same as just having cold hands. During a Raynaud attack some or all of your fingers suddenly go very pale. There will be a clear division between the normal-colored skin and the very pale skin.

This may also affect your toes, ear lobes, and nose (and more rarely your tongue and nipples). Your fingers will feel cold and they might tingle and feel numb or painful.

Because your fingers aren't getting enough oxygen they may then turn blue. As the blood returns to your fingers they turn very red and may throb and hurt. The attack can last for anything from a few minutes up to a few hours.

Raynaud phenomenon can be painful and worrying but it is usually not serious. The symptoms should disappear completely after each attack.

What treatments work?

Keeping warm is the best way to prevent attacks. Medications can help if your symptoms are severe.

Things you can do for yourself

Keeping warm is the best thing you can do to prevent attacks. You need to keep your whole body warm to stop your fingers and toes overreacting to the cold. Here are a few ideas:

- Wear layers of loose-fitting clothing
- Wear hats and mittens in cold weather
- Keep your feet dry
- Wear gloves or socks (or both) in bed during winter
- Use portable heating aids and warmers for your hands and feet if you need to stay outside for a long time.

Also, remember that air conditioning can make rooms very cool.

During an attack, warm your hands, feet, or the affected parts of your body by going indoors. You can use warm water to help warm up the affected parts.

If you are a smoker it's important to quit. The chemicals in tobacco may make your symptoms worse.

If you are taking medications to treat another condition, ask your doctor if any of them might make Raynaud phenomenon worse.

You can also try learning to control stress, especially if your attacks start when you are upset or stressed.

Simple pain-relief medications such as ibuprofen or acetaminophen can help with the pain.

Medications

People don't usually need medications to treat Raynaud phenomenon unless their symptoms are severe. Medications can help reduce the number of attacks you get, or make them less severe. These include medications called calcium channel blockers, a type of drug that's also used to treat heart problems.

If calcium channel blockers don't work, or if you can't take them for some reason, there are other medications that your doctor can prescribe.

Common side effects for the drugs used for Raynaud phenomenon include flushing and feeling light-headed. Less common side effects include puffy feet or heart palpitations.

What will happen to me?

While Raynaud can be uncomfortable, it's not serious for most people.

If your symptoms are mild then you probably won't need to take medication. But you may need to have tests to see if having Raynaud phenomenon is linked to another condition. If your symptoms are more severe, there are medications that can help.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at <u>bestpractice.bmj.com</u>. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: <u>bmj.com/company/legal-information</u>. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the <u>online survey</u> or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



